MARYLAND DEPARTMENT OF TRANSPORTATION
MOTOR VEHICLE ADMINISTRATION

6601 Ritchie Highway, N.E.
Glen Burnie, Maryland 21062

Title Services Agent License Application Instructions

Thank you for your interest in obtaining a Maryland Title Service Agent License.

- If assistance is needed, please e-mail the Motor Vehicle Administration Business Licensing Division at MVABLDISD@mdot.maryland.gov.
- For more information on state and local licensing requirements, visit www.dsd.state.md.us for Code of Maryland Regulations (COMAR) and mgaleg.maryland.gov for Maryland Vehicle Law.

Note: Failure to complete the application and submit the required documents will result in your application being rejected.

Getting Started:

You will need to obtain and complete the following:

- **Zoning Approval Form** (CS-053) - This form must be presented to the Zoning Board in the County/City where your business is located. A representative of the Zoning Board must complete the lower portion of this form.
- **Business Licensing Orientation Request** (CS-303) — Before a license can be issued, you must attend a business licensing orientation. Please complete the form and submit to the Business Licensing and Consumer Services Division. The orientation is held monthly from 9:00 a.m. – 12:00 noon. All applicants will be scheduled for the next available class.
- **Criminal Background Check** (CS-011) — All applicants/licensees must submit a Criminal Background Check. If you live or have lived in another state within the last year, you must provide a criminal record from that state in addition to the Maryland record check.
- **Surety Bond of Title Service Agent** (CS-071) — The bond required is $50,000. The bond must be in the full name of the Title Service including any trade name. It must reflect the full name of all officers, partners, or owners exactly as shown on the application. A bond is required for each licensed business entity.
- **Department of Assessment and Taxation** — Form/letter that verifies you are registered to do business in the State of Maryland using the name(s) indicated on your application. Both your corporate and trade names must be registered. The Department of Assessment and Taxation is located at 301 W. Preston Street, Baltimore, Maryland 21201. You may contact them by telephone at 410-767-1330, 1331, or 1332 or visit their website at https://dat.maryland.gov
- **Completed Site Inspection** — Prior to becoming licensed, a Compliance Inspector will go to your place of business and inspect your location to ensure compliance with the Maryland Code of Regulations (COMAR). The MVA will contact you to schedule the appointment for the site inspection. The Business Licensing Division will then conduct final approval.
- **ERT Contract** — All new licensees are required to contract with an Electronic Registration and Titling (ERT) provider. A copy of your ERT contract is required to be submitted along with your completed application. For vendor contact information, please visit https://mva.maryland.gov/businesses/ert
- **Workers' Compensation** — If you have Workers' Compensation Insurance, complete information requested on the Application for Title Service Agent License in the appropriate section. If you are claiming exemption from providing Worker's Compensation Insurance because you do not have employees, please contact the Workers' Compensation Office at 410-864-5100 or visit their website at www.wcc.state.md.us to obtain information and the appropriate forms for businesses who do not provide this type of coverage.
- **Use and occupancy permit** — Is required by applicants using a trailer as an office.
- **License Fee** — $150.00 for a 2 year license.

Complete and Submit:

Save time and complete your application online with the myMVA Business Portal: https://mymva.maryland.gov/TAP/BUS/_/

If needed, mail or drop off completed application:

MVA, BL&CS, Room 146
6601 Ritchie Highway
Glen Burnie, MD 21062

Application for Title Service Agent License - 2 Year License

Type of Application
- ☐ Original Application
- ☐ Renewal Application
- ☐ Additional Location
- ☐ Change of Address
- ☐ Change of Name
- ☐ Change of Officers

Type of Ownership
- ☐ Individual Owner
- ☐ Partnership
- ☐ Corporation
- ☐ Close Corporation
- ☐ LLC
- ☐ Change of Ownership

Title Service Agent # _____

Expiration Date _____

How is work obtained?
- ☐ Public _____
- ☐ Dealer _____
- ☐ Other _____

Company Name (include trade name)			Employee ID Number (FEIN)
Street Address			
City	County	State	Zip Code
Email Address	Business Phone	Business Hours	

Primary Contact (This information will be used for all MVA Business Licensing related matters)

Name	Phone Number	Email Address

Secondary Contacts

Name of Owner, Partner or Officer	Social Security Number	Position	Home Phone Number
Street Address (Home)	City	State	Zip Code
Date of Birth	Driver's License Number	State of Issue	
Name of Owner, Partner or Officer	Social Security Number	Position	Home Phone Number
Street Address (Home)	City	State	Zip Code
Date of Birth	Driver's License Number	State of Issue	
Name of Owner, Partner or Officer	Social Security Number	Position	Home Phone Number
Street Address (Home)	City	State	Zip Code
Date of Birth	Driver's License Number	State of Issue	

Additional Contacts that have direct or indirect financial interest in this Title Service. Attach additional sheets if needed.

Full Name	Social Security Number		
Street Address (Home)	City	State	Zip Code
Full Name	Social Security Number		
Street Address (Home)	City	State	Zip Code

Yes No

☐ ☐ 1. Have you ever been licensed as a vehicle dealer, salesman or a title service agent in Maryland or any other state?

If yes, person licensed: _____

Name of Business: _____ Type of Business: _____

License Number: _____ State: _____ Expiration: _____

Submit additional information on a separate sheet.

☐ ☐ 2. Are any administrative actions, including suspension, revocation, refusal or fines pending against any license you have ever held? NOTE: This does not include your personal driver's license.

If yes, Business: _____ Licensee: _____

Type of License: _____ License Number: _____

State: _____ Expiration: _____ Date of Action: _____

Submit additional information on a separate sheet.

☐ ☐ 3. Has any business license you have held in Maryland or any other state been suspended, revoked or refused? NOTE: This does not include your personal driver's license.

If yes, Business: _____ Licensee: _____

Type of License: _____ License Number: _____

State: _____ Expiration: _____ Date of Action: _____

Submit additional information on a separate sheet.

☐ ☐ 4. Have any of the owners, management personnel or any other person, who shall have a financial interest, either direct or indirect in the business, ever been convicted of a crime other than a traffic violation? If yes, please give details in a separate statement as to dates, nature of conviction, court and the final disposition.

☐ ☐ 5. Do you currently have Title Service Representatives? If yes, please complete form CS-018 for each representative. **Each Title Service Personnel must present a MVA issued Title Service Agent or Representative Card.**

☐ ☐ 6. Are you currently employed with a Maryland State Government Agency? If yes, which agency? _____

Insurance Information

Surety Bond Insurance Company: _____

Binder/Policy #: _____ **Agent**: _____

Do you provide Worker's Compensation? If no, attach a copy of your exemption certification.

Insurance Company: _____

Binder/Policy #: _____ **Agent**: _____

Certification

Any willful misinformation provided with fraudulent intent may be prosecuted under Maryland Law. I solemnly affirm under penalties of perjury and upon personal knowledge the contents of the foregoing document is true and correct. This title service meets the location requirements and I/we understand the titling and registration, insurance, inspection and title service licensing provisions set forth in Maryland Vehicle Law and pertinent Motor Vehicle Administration Regulations.

Name of Title Service: _____

Applicant Signature	Capacity	Printed Name	Date
Applicant Signature	Capacity	Printed Name	Date
Applicant Signature	Capacity	Printed Name	Date

For MVA Use Only

Site Inspection: ☐ Pass ☐ Fail

Application: ☐ Accepted ☐ Rejected (see attached)

Investigator Printed Name Date

Representative Name Date