

Application for Certificate of Title

Applicant's Full Name			Applicant's Driver's License/MDID Number			Date of Birth	
Applicant's Street Address			City		County	State	Zip Code
Email Address			Phone Number			MDID Needed:	
Co-Applicant's Full Name			Co-Applicant's Driver's License/MDID Number			Date of Birth	
Co-Applicant's Street Address			City		County	State	Zip Code
Email Address			Phone Number			MDID Needed:	
Is the vehicle to be titled as Joint Tenants or Tenants by Entireties ? Joint Tenants Tenants by Entireties							
If the name entered above is a business or trust, enter the FEIN here: _____ . Check the type of business entity below:							
Trust		Professional Association		Sole Proprietorship		Corporation	
Limited Liability Company		Partnership		Joint Venture		Other (Specify) _____	
Vehicle Description							
New Vehicle Used Vehicle	Model Year	Vehicle Make	Vehicle Model	Body Style		Vehicle Identification Number	
Two stage vehicle complete make & year for each vehicle		Model Year	Vehicle Make	Type of Fuel	# of Cylinders	Motor Carrier #	Unit Number
Truck G.V.W.	Truck Tractor G.C.W.	Construction Axels	Bus Seats	Motorcycle Engine No. Engine CCs		Trailer G.V.W. Type of Trailer	
If this vehicle is subject to any liens or encumbrances, complete the following section(s). Attach form VR-217 and LIEN FILING FEE for each Lien Filing(s). IF NOT SUBJECT TO A LIEN, WRITE THE WORD "NONE" BELOW.							
Name of Secured Party			Type of Lien		Lien Code	Date of Lien	Amount of Lien
Street Address of Secured Party			City			State	Zip Code

Purchase Information for Tax Purposes - See Information on Page 3

If Vehicle Recently Purchased	Maryland Dealer's Certification	Dealers Only
Md. Excise Tax of 6.5% of: \$ _____ Full Purchase Price Attach a notarized bill of sale signed by seller(s) and purchaser(s)	I hereby certify, under penalty of perjury, that the purchase price represents the full amount paid for this vehicle. Date Delivered: _____ Dealer Number: _____ _____ Dealer Signature Date	Base Price (Plug-in Electric)
		Certified Selling Price
		Trade-In Allowance
		Taxable Price
		Gross Tax Collected

VIN of Trade-In: _____ State: _____

Coll. Fee of 6% of Gross or \$12 max fee Allow.

Complete this section in its entirety if you qualify for an Excise Tax Credit in this state. I/We have been resident(s) in Maryland for approximately _____. I/We last registered in _____ and paid _____% tax (if no tax paid, write "NONE").

Check here if you are returning or active-duty military. See instructions on page 3 - not all military qualify.

Federal and State Law requires that you state the mileage in connection with this vehicle. Failure to complete or providing a false statement may result in fines and/or imprisonment. I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked:

Odometer reading: _____ (no tenths)

1. The mileage stated is in excess of its mechanical limits.
2. The odometer reading is not the actual mileage.

WARNING - Odometer Discrepancy

Application for New Registration Plates or Transfer of Registration Plates

I/We do hereby make application for: New Tags Transfer of Tags 30 Day Inspection Plate

 Title Only Class of Tags desired: _____

Is this vehicle to be operated for short term rental? Yes No Dealership License Number: _____

If transferring plates, complete below:

Tag Number: _____ Sticker Number: _____

Name of Insurance Company: _____ Policy/Binder Number: _____ Agent/Broker: _____

I/We certify that I/we have compared the manufacturer's vehicle identification number on this application with the number on the vehicle and they agree, and that this vehicle is subject to the liens or encumbrances indicated herein and none other. For vehicles registered over 10,000 lbs, by signing this application, I/we certify knowledge of the Federal and State Motor Carrier Safety Laws and certify this vehicle is maintained in compliance with the Maryland Preventative Maintenance Program. If making application for new plates or transfer of registration plates I/we certify under Penalty of Law that the vehicle is covered by at least the minimum amounts of insurance required by the Maryland Motor Vehicles Laws, and further certify that this vehicle will be continuously insured throughout its registration period. **If registering as a construction use type vehicle**, I/we certify the vehicle will be used for construction activities as defined in Section 13-917 (4) "Construction Use." I/we further certify under Penalty of Perjury that the statements made herein are true and correct to the best of my knowledge, information and belief.

Signature of Applicant Printed Name of Applicant

Signature of Co-Applicant Printed Name of Co-Applicant

Witness my/our Hand(s) and Seal(s) this _____ day of _____ year _____

Signature of Co-Signer Maryland Driver License Number Relationship Date of Birth