

Maryland Vehicle Insurance Compliance Program - Certified Statement

Section 1: Owner's Information and Statement of Facts

Case Number		Insurance Cancellation Date	Insurance Company	
Tag Number	Title Number	Vehicle Identification Number	Year	Make

The vehicle listed above has not been driven, involved in an accident or issued a citation during period of insurance lapse from _____(MM/DD)YY to _____(MM/DD)YY. During this time, the vehicle was parked at:

Street Address City State Zip Code

For the following reasons: _____

Supporting documents should be attached to this form.

I certify under penalty of perjury, that the statements made above are true and correct to the best of my knowledge, information and belief, under Section 12-109b (2) of the Maryland Vehicle Law.

Signature of Owner Date Daytime Telephone Number

Signature of Co-Owner Date Daytime Telephone Number

Section 2: Witness Statement of Facts

Witness A or Repair Facility

I certify, under penalty of perjury, that the statements made above by the vehicle owner are true and correct to the best of my knowledge, information and belief, under Section 12-109(b) of the Maryland Vehicle Law.

Witness Signature Driver's/Business License Number Date Daytime Telephone Number

Witness B

I certify, under penalty of perjury, that the statements made above by the vehicle owner are true and correct to the best of my knowledge, information and belief, under Section 12-109(b) of the Maryland Vehicle Law.

Witness Signature Driver's License Number Date Daytime Telephone Number

MVA Use Only

Moving Violation/Accident No Yes Date: _____ Case/Ticket #: _____
Prior Case No Yes Date: _____ Case #: _____
Adjustment Approved No Yes Amount: _____

Authorized By ID Date