

VR-124 (11-12)

Application/	Certification fo	r Organizati	onal Licens	e Plates		- A	
	se complete the entire	application (own	er and/or co-own	er). Submit	appropriate fees	with application.	
Name of Organizat	ion:						
Logrify that the indi	vidual below is a bona fi	de member of the	above organizatio	NO:			
r certify that the indi-	viduai below is a bolla li	de member of the	above organizatio	<i>/</i> 11.			
Signature of Authoriz	ed Representative			***************************************			
Owner's Name, First	Middle	Middle L		ast		Driver's License Number	
Street Address		City	County		State	Zip Code	
Co-Owner's Name, First Middle		Last			Driver's License Number		
I hereby authorize the	e representative of my org	ganization to review	/release my persoi	nal information	for official purpos	es:	
Owner's Signature	2		Co-Owner's Sign	ature			
			OO-OWNER'S SIGN	ature			
Vehicle Information Year M	ake	Sticker No.		Title No.		Tag No.	
Vehicle Identification	Number		VIII.	L.			
Insurance Co.			Delia./E	tioning No.			
ilisulatice Co.			Policy/E	Binder No.			
Organizational Mer	mber: (Check one)	Owner	☐ Co-Owne	ar			
Check Class:	Passenger Car	/lulti-purpose vehi	cle Truck 1	ton or less	☐ Motorcycle		
I certify, under penalt	y of perjury, that the abov	re information is tru	ue and correct to th	e best of my k	nowledge:		
				•	·		
Signature of Owner	Date						
Signature of Owner					Da	te	
Signature of Co-Owner				Date			
MVA Use Only:	New Issue Substit	ute 🔲 Surviving	g Spouse 🔲 S/N	١			
☐ Gratis ☐ Paid Approved by:				Tag Issued:			
Motor Vehicle Admir	your application and the nistration, Vehicle Regist Service Office in Glen B	ration Organizatio	nal Unit; 6601 Rito		Glen Burnie, MD	21062;	
	Or	iginal - MVA	Co	py - Customer			

For more information, please call: 410-768-7000 (to speak with a customer service representative). TTY for the hearing impaired: 1-800-492-4575. Visit our website at: www.MVA.Maryland.gov