

**Application/Certification for Maryland State Fireman's Association License Plates**

Instructions: Please complete the entire application (owner and/or co-owner).

DEPARTMENT NAME:

DEPARTMENT/COMPANY NFIRS#

I certify that the applicant is a bona fide member of the above department:

Department/Company Representative Signature (sign and print name) \_\_\_\_\_

County Tag Coordinator's Signature (sign and print name) \_\_\_\_\_

Transportation Committee Chairperson's Signature \_\_\_\_\_

The Department member is the:

Owner

Co-Owner

Owner's Name (First, Middle, Last)

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 representative of my department to review/release my personal information for official purposes:

Owner's Signature

Co-Owner's Signature

**Vehicle Information**

Year

Make

Sticker No.

Title No.

Current Tag No.

Vehicle Identification Number

Insurance Co.

Policy/Binder No.

I certify, under penalty of perjury, that the above information is true and correct to the best of my knowledge:

Signature of Owner

Date

Signature of Co-Owner

Date

MVA Use Only:  New Issue  Substitute  Surviving Spouse

New Tag Number Issued: **FD-** \_\_\_\_\_

Date Issued: \_\_\_\_\_

**Tag Coordinators: Please mail this application and the appropriate fees to:**

**MSFA Tag Committee 2130 Priest Bridge Drive Suite 4, Crofton, MD 21114.**

Original - MVA

Copy - Customer

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

For more information visit our website at [www.mva.maryland.gov](http://www.mva.maryland.gov), call 410-768-7000 or TTY for the hearing impaired: 1-800-492-4575.

**MSFA USE ONLY** Date received: \_\_\_\_\_ Amount paid: \_\_\_\_\_ Check #: \_\_\_\_\_