

ORIGINAL  RENEWAL

**Application for Direct Access Record System (DARS)**

<b>A</b>	COMPANY NAME (Include Trade Name) _____				
	P.O. BOX	STREET ADDRESS			
	CITY	STATE	ZIP CODE	BUSINESS TELEPHONE	FAX NUMBER

<b>B</b>	Mailing address and contact person to receive correspondence and billing:			
	NAME _____			
	STREET ADDRESS	CITY	STATE	ZIP CODE

<b>C</b>	List name and <b>all</b> other requested information of Owner, Partners, or Officers and Directors: (Attach extra sheet if necessary)			
	NAME OF OWNER, PARTNER OR OFFICER		POSITION	TELEPHONE (HOME)
	STREET ADDRESS (HOME)		CITY	STATE ZIP CODE
	NAME OF OWNER, PARTNER OR OFFICER		POSITION	TELEPHONE (HOME)
	STREET ADDRESS (HOME)		CITY	STATE ZIP CODE

<b>D</b>	List names and addresses of Agents to be issued user ID Numbers on reverse side of this Application
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<b>E</b>	Description of Present Computer Terminal Equipment to be used with DARS System: _____
	Technical Support Staff Contact: _____ <small>NAME (PLEASE PRINT) TELEPHONE NUMBER</small>
	Monthly Volume of Records: _____
	Purpose for which this information will be used: _____

<b>F</b>	<b>This is to certify that the statements made herein are true and correct to the best of my knowledge and belief.</b>		
	SIGNATURE	TITLE	DATE

MVA USE ONLY			
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED	DIRECTOR: _____	MVA
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED	DIRECTOR: _____	ISC

**Return completed Application to address shown on reverse side**

List Names and Addresses of Persons to be issued User Identification Numbers (User ID for access to system).

PRINT FULL NAME OF AGENT	HOME ADDRESS
A	
B	
C	
D	
E	
F	
G	
H	
I	
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U	
V	
W	
X	
Y	
Z	

Attach extra sheet if necessary

Return Completed Application To:  
CHIEF, QUALITY CONTROL/RECORDS SECTION      DIVISION OF DRIVER LICENSING  
6601 RITCHIE HIGHWAY, N.E. GLEN BURNIE, MARYLAND 21062  
Telephone Number (410) 768-7233



Apply to register to vote with your driver's license transaction. For details ask your customer service representative.