



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:
VEHICLE OWNER (First, Last Name):				OWNER'S DRIVERS LICENSE NUMBER:	

The vehicle listed above has not been driven, involved in an accident, or issued a citation during period of insurance lapse

_____ to _____. During this time the vehicle was parked at
MM/DD/YY MM/DD/YY

(Location)

(Street Address)

(City)

(State)

(Zip Code)

For the following reason(s): _____

(Supporting documentation attached)

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 12-109 b (2) of the Maryland Vehicle Law.

Signature Owner/Co-Owner

Date

Daytime Telephone Number

Section 2: Witness Statement of Facts

Witness A or Repair Facility - Business License # _____

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.

Signature Witness

Drivers License Number

Date

Daytime Phone 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

Drivers License Number

Date

Daytime Phone 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: _____