



**Certified Statement / Receipt**

Maryland law requires customers to return their license plates to the MVA when the vehicle's insurance is cancelled; when the customer moves out of Maryland; or when the license plates are no longer needed. Customers reporting license plates lost or stolen, should do so by providing a police report or police report number. **By completing the form as a vehicle owner, you are not released of any obligation required by Maryland Vehicle Law, including the requirement to maintain insurance, and follow up with jurisdictions in regard to registration plates and/or disability placards.** In the event the registration plate(s) or disability placard becomes available, they must be returned to the Administration.

Check applicable box:

I certify:  Registration Plate(s),  Disability Placard, or  Moped Motor-Scooter Decal for the vehicle identified below was:

- Lost (Police Report #) \_\_\_\_\_ Jurisdiction Reported \_\_\_\_\_ Date of Loss \_\_\_\_\_
- Stolen (Police Report #) \_\_\_\_\_ Jurisdiction Reported \_\_\_\_\_ Date Stolen \_\_\_\_\_
- Confiscated by Law Enforcement (attach proof) \_\_\_\_\_ Date Confiscated \_\_\_\_\_
- Investigation Case No. \_\_\_\_\_ Dept. of Origin Case No. \_\_\_\_\_ Date \_\_\_\_\_
- Repossessed (attach proof) \_\_\_\_\_ Repossession title issued? Yes/No \_\_\_\_\_ Date of Repossession \_\_\_\_\_
- Other (please explain and provide proof) \_\_\_\_\_

Plate #	Year	Make	Vehicle Identification #	Title #	# of Plates Returned	Placard #
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Owner's Driver's License #	Owner's Name
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Co-Owner's Driver's License #	Co-Owner's Name
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Owner's Street Address	City/County	State	Zip Code
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I/we certify, under penalty of perjury that the above is true and correct to the best of my knowledge and belief. I also acknowledge that by completing this form, I am not released of any obligation as a vehicle owner required by Maryland Vehicle Law, including the requirement to maintain insurance, and follow up with any jurisdiction with regard to registration plates and/or placard.

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_ Co-owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Send completed original form to MVA, Vehicle Records Division, Room 202, 6601 Ritchie Hwy, Glen Burnie, MD 21062, along with a copy of the valid state issued identification(s) of the vehicle owner(s).

For MVA Use only  Copy of I.D. attached

Printed Name of MVA Agent \_\_\_\_\_ Signature \_\_\_\_\_ Branch/Office/Room Number \_\_\_\_\_ Substitute Plate/Placard/Decal issued \_\_\_\_\_