

**Application/Certification for Organizational License Plates**

**Instructions: Please complete the entire application (owner and/or co-owner). Submit appropriate fees with application (see reverse, lower right corner).**

**Name of Organization:** Maryland State Wrestling Association

I certify that the individual below is a bona fide member of the above organization:

↑ Signature of Authorized Representative

|                     |        |      |                         |
|---------------------|--------|------|-------------------------|
| 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 organization to review/release my personal information for official purposes:

|                     |                      |
|---------------------|----------------------|
| ↑ Owner's Signature | Co-Owner's Signature |
|---------------------|----------------------|

**Vehicle Information**

|      |      |             |           |         |
|------|------|-------------|-----------|---------|
| Year | Make | Sticker No. | Title No. | Tag No. |
|------|------|-------------|-----------|---------|

Vehicle Identification Number

|               |                   |
|---------------|-------------------|
| Insurance Co. | Policy/Binder No. |
|---------------|-------------------|

**Organizational Memeber:** (Check one)  Owner  Co-Owner  
**Check Class:**  Passenger Car  Multi-purpose vehicle  1 ton or less  Motorcycle  
**Fees: Non Logo Organizational Tags: \$15.00 Logo: \$25.00**

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  S/N  
 Gratis  Paid **Approved by:** \_\_\_\_\_ **Tag Issued:** \_\_\_\_\_

Original - MVA Copy - Customer