



Instructions for Title Service Agents License

All CS and LCS forms listed on this sheet should be included in this licensing package. Please call (410) 787-2950, or email BusinessLicensing@mdot.state.md.us if any of the forms are missing.

For more information on state and local licensing requirements, visit the Business License Informations System website! www.blis.state.md.us. COMAR, Rules and Regulations are available at www.dsd.state.md.us. Maryland Law is available online at www.lawlib.state.md.us.

- **Application (CS-54)** — Complete application. Answer all questions and submit with all other required documents.
- **Zoning (CS-53)** — Zoning approval form should be presented to the zoning board in county/city where your business is located.
- **Use and occupancy permit** — Is needed by those applicants using a trailer as an office and as may be required by your local zoning board.
- **Surety Bond with power of attorney (CS-71)** — Amount required is \$25,000. Bond must be in the full name of title service, including any trading name and must show the full names of all officers, partners, or owners exactly as shown on the application. There must be one bond for each licensed location.
- **Workers' Compensation** — insurance policy number and company or an exemption certificate issued by the Workers' Compensation Commission.
- **MD Criminal record check authorization (CS-11)** — Is needed for each owner or officer and anyone listed on the application as having a financial interest in the business. The form must include a legible copy of the driver's license and an original signature.
- **Out of state criminal record check** — If you live or have recently lived in another state, you must provide a criminal record from that state in addition to the Maryland record check.
- **Business registration form (AT5-031)** — From the Department of Assessments and Taxation — This form verifies your registration to do business in the State of Maryland using the name(s) indicated on your application. Both corporate and trading names must be registered. Department of Assessments and Taxation is located at 301 W. Preston Street, Baltimore MD 21201. Telephone numbers are (410) 767-1330, 1331 or 1332. Web address is www.dat.state.md.us.
- **Orientation form (INF-002)** — Please let us know who will be attending the orientation seminar for you business.
- **Mail your completed application packet to**
MVA, BL&CS, Rm 146
6601 Ritchie Highway
Glen Burnie, MD 21062

Incomplete applications or applications without required documents will not be accepted.



Application for Title Service Agent License- 2 Year License

Business Licensing & Consumer Services
(410) 787-2950

For MVA use only
 CV C Lic. No. _____
License Control Number _____

Check the appropriate blocks

- Original Application
- Renewal Application
- Additional Location
- Change of Address
- Change of Ownership
- Change of Officers

Ownership

- Individual Owner
- Corporation
- Change of Name
- Partnership
- Close Corporation
- LLC

Title Service Lic. # _____
Exp. Dt. _____

Company Name (include trade name) _____

Street Address _____

City _____ County _____ State _____ Zip Code _____

Business Phone _____ Scheduled Business Hours _____

Dealer's Federal ID Number _____

Current Trader's License Number _____

List all owners, partners or officers of the corporation below. (Attach additional sheets if necessary)

Name of Owner, Partner or Officer	Soc. Sec. No.	Position	Home Phone No.
_____	_____	_____	_____
Street Address (Home)	City	State	Zip Code
_____	_____	_____	_____
Height	Weight	Sex	Date of Birth
_____	_____	_____	_____
Driver's License Number	State		
_____	_____		
Name of Owner, Partner or Officer	Soc. Sec. No.	Position	Home Phone No.
_____	_____	_____	_____
Street Address (Home)	City	State	Zip Code
_____	_____	_____	_____
Height	Weight	Sex	Date of Birth
_____	_____	_____	_____
Driver's License Number	State		
_____	_____		
Name of Owner, Partner or Officer	Soc. Sec. No.	Position	Home Phone No.
_____	_____	_____	_____
Street Address (Home)	City	State	Zip Code
_____	_____	_____	_____
Height	Weight	Sex	Date of Birth
_____	_____	_____	_____
Driver's License Number	State		
_____	_____		

The individuals listed below are authorized to act as agents for the undersigned (Attach additional sheets if necessary)

First, Middle, and Last Name	Soc. Sec. No.
_____	_____
Street Address (Home)	City
_____	_____
State	Zip Code
_____	_____
First, Middle, and Last Name	Soc. Sec. No.
_____	_____
Street Address (Home)	City
_____	_____
State	Zip Code
_____	_____

The undersigned, applying for a Title Service Agent License, represents the public and licensed dealers as an agent for the purpose of the business of transporting Motor Vehicle Certificates of Title, Registrations, Driver's Licenses, Certified Copies of Records and other related documents to and from the Motor Vehicle Administration. Furthermore, the undersigned certifies, under penalty of perjury, that the information entered above is true and correct to the best of their knowledge.

Witness my/our Hand(s) and Seal(s) this _____ day of _____ (year) _____

1. _____

2. _____

3. _____

(All owners and corporate officers required to sign)



For more information, please call: 1-800-638-8347 (touch tone calls only), 1-800-950-1MVA (1682) (to speak with a customer service representative). From Out-of-State: 1-301-729-4550, TTY for the hearing impaired: 1-800-492-4575. Visit our website at: www.marylandmva.com



For MVA use only
Application approved by _____ Date _____ Concurrence _____ Date _____

yes no

- 1. Are you a licensed motor vehicle dealer in the State of Maryland?
- 2. Have any of the owners, management personnel, or any other person, who shall have a financial interest, either direct or indirect, in the business, ever been convicted of a crime other than a traffic violation? If yes, please give details on a separate statement, as to the dates, nature of conviction, court and the final disposition.
- 3. Has your privilege to act as a Title Service Agent ever been suspended, revoked, or denied in this or any other state? Has this license ever been suspended, revoked, or refused in this or any other state? If yes, please complete the section below. Attach additional sheets if necessary.
Type of License _____ License # _____ State issued _____
Business Name _____ Date of Action _____
Explanation _____
- 4. Do you currently hold a dealer, salesman, or title service license issued by this state or any other? If yes, please indicate: Type of License _____ License # _____ Exp. date _____ State _____
- 5. Is there any administrative action, including suspension, revocation, refusal, or fines pending against any of the above licenses you have held? If yes, please complete the section below. Attach additional sheets if necessary.
Type of License _____ License # _____ State issued _____
Business Name _____ Date of Action _____
Explanation _____
- 6. Has any license you have held ever been suspended, revoked, or refused in this or any other state? If yes, please complete the section below. Attach additional sheets if necessary.
Type of License _____ License # _____ State issued _____
Business Name _____ Date of Action _____
Explanation _____

Certification of Workmen's Compensation

Do you provide Workmen's Compensation?
Maryland State Workmen's Compensation Law requires employers with one or more employees and corporations to file a Certificate of Compliance.
I/we certify coverage has been obtained as follows:
Name of Insurance Company: _____
Policy or Binder Number: _____

How is work obtained?

Public Dealers (please list below) Other (please specify) _____

Name	Address	Phone
attach additional sheets if necessary		



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



Zoning Approval Form

To be completed by applicant and presented for approval to the local zoning authorities

Submit with Application

Company name (including trade names)

Business Address - Location to be Licensed

City County State Zip Code

Name and type of storage location

Street Address City or County State Zip Code

Name and type of any additional storage locations

Street Address City of County State Zip Code

Type of Business (check appropriate blocks)

Licenses

- Wholesale
- New Vehicle
- Used Vehicle
- Trailer
- Motorcycle
- ADR # of Acres _____
- Scrap Processr # of Acres _____
- Title Service
- Emergency Vehicle
- Manufacturer
- Distributor

Transporters

- Inspection Station
- Vehicle Painting/Remodeling/Repair
- Auctioneer
- New Vehicles for Manufacturer
- Other _____

This section to be completed by zoning official to verify applicant has met all local zoning requirements to conduct the type of business specified above.

I certify, that the business of _____ does _____ does not _____ meet all zoning requirements, including the issuance of a use and occupancy permit, if required.

Signed

Printed Name

Official Capacity

Telephone #

Email Address

Date



Surety Bond of Title Service Agent

Bond Number _____ Agent's Number _____ Effective Date _____

Know all persons by these presents:

Company/Corporate Name _____

Trade Name, if any _____

Officer(s) Name(s) _____

as Principal, and _____

(name and address of bonding company)

a corporation organized and existing under the laws of the State of _____ and authorized to do business in the State of Maryland, as Surety, are held and firmly bound unto the Administrator of Motor Vehicles, State of Maryland in the penal sum of twenty five thousand dollars (\$25,000) lawful money of the United States of America, for the payment of which, well and truly to be made, we and each of us, bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

Signed, Sealed, and Dated this _____ day of _____ (year) _____

The condition of this obligation is such that, whereas, the above bounden Principal has or is about to make application to the Administrator of Motor Vehicles for the State of Maryland to engage in the business of transporting to and from the Administration, Motor Vehicle certificates of Title, Registrations, Driver's Licenses, Certified Copies of Records, and other related documents, and in accordance with the Transportation Article of the Annotated Code of Maryland and Regulations promulgated by the Administrator of Motor Vehicles, is required to furnish a Surety Bond.

Now, therefore, if the above bounden Principal shall conduct the business in full compliance with those Sections of the Transportation Article, of the Annotated Code of Maryland, as set forth in the Regulations of the Administrator of Motor Vehicles for the State of Maryland, then this obligation shall be null and void; otherwise to remain in full force and effect. This bond shall be for the use and benefit of the Administrator of Motor Vehicles of the State of Maryland and for any person who may suffer loss by reason of any violation of the above mentioned laws.

This bond shall run concurrently with the period of the license granted to the Principal, and shall remain in full force and effect for any renewal thereof, provided, however, that the penalty of the bond may not be cumulative from year to year, and the total liability of the Surety herein, may not exceed the sum of twenty five thousand dollars (\$25,000) regardless of the number of license periods for which the bond is in force.

The Surety may cancel this bond at any time by giving **forty five (45) days** written notice by registered or certified mail to the Administrator of Motor Vehicles, State of Maryland, however, remaining liable for any defaults under this bond, committed prior to the expiration of such forty five (45) day period.

Signature of President/Owner/Partner

Signature of Vice President/Partner

Signature of Treasurer/Secretary/Partner

Signature of Principal (one of the above)

By _____

Surety

By _____

**Seal
of
Surety**



MVA Criminal Record Request Form

Please place your photo driver's license below and photocopy.

By my signature, I authorize the Motor Vehicle Administration to perform a criminal background check.

Signature

Date

Name of Business

Type of License: Dealer Salesman Professional Driver Instructor Title Service Agent Other

Instructions for Criminal Background Request

This form is to be used for the processing of your Maryland criminal background check. At the present time no fee will be charged for this service.

Maryland Residents:

This form must accompany all applications from licensees or anyone with a financial interest in a business.

- Photocopy a clear legible copy of either your Maryland Photo Driver's License or a Maryland Photo ID card on the front of this form.
- If you have a change of address that does not appear on your license or your ID, please note it on the form.
- Sign the photocopy.
- The photocopy which contains your original signature must be submitted with your application to the Motor Vehicle Administration.

Out of State Residence:

- Applicants will be required to request Criminal Justice Information System background checks from the appropriate Law Enforcement Agency in their state of residence.
- The background checks should not be sent directly from the appropriate Law Enforcement Agency to the Motor Vehicle Administration.
- For identification purposes you must submit a clear legible copy of your out-of-state driver's license or a Photo ID on this form.

MVA Use Only:

Dealer Orientation Request

Complete this form and return to: **Motor Vehicle Administration**
6601 Ritchie Highway N E
Room 146
Glen Burnie, MD 21062



The Administration strongly encourages participation by owners, title clerks and any staff who may be involved in the day to day operation of your business. Dealer Orientations will be held at the Glen Burnie Branch.

The orientation will give information that is essential in the daily operation of your dealership and will allow time for any questions you may have. Representatives from Business Licensing and Consumer Services, Investigative Services and a Branch Titling Department will give presentations.

Questions are welcomed and encouraged.

Please provide the following information:

Dealership Name:

Dealership Soundex Number:

Dealership Phone Number:

Type of License:

Address of Dealership:

Number of people attending:

Licensee Signature: _____ Date: _____

You will be scheduled for the next available class. A letter of confirmation will be mailed to you at the address indicated above. If you have any questions you may contact BL&CS at 410-424-3685. Or email at BusinessLicensing@mdot.state.md.us. Fax requests accepted at 410-768-7602. Please call if you are unable to attend.