



Instructions for Interchangeable Registration Plates for Transporters and Finance Companies

All CS forms listed on this sheet should be included in this licensing package. Please call (410) 787-2950 or email to 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 Information 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.

APPLICANTS FOR **TRANSPORTER TAGS** MUST MEET ONE OF THE FOLLOWING CRITERIA:

- If you are delivering vehicles of a type required to be registered from a manufacturing, assembling, or distributing plant to point of destination, you must submit:
 - application (CS-058)
 - verification of zoning approval (CS-053)
 - letter from the manufacturer verifying number of vehicles transported monthly and distance to destination
- If you are transporting or moving vehicles to or from your place of business for repair, painting, remodeling or installing equipment, you must submit:
 - application (CS-058)
 - two (2) written contracts under which you perform service (CS-140)
 - verification of zoning approval (CS-053)
- If you are an insurance company transporting stolen vehicles recovered by an insurance company, you must submit:
 - application only (CS-058)
- If you are licensed auctioneer acting on behalf of a seller exempt from the licensing requirements, you must submit:
 - application (CS-058)
 - verification of zoning approval (CS-053)
 - two (2) written contracts under which you perform service (CS-140)
 - copy of auctioneers business license
- If you are transporting new or used mobile or modular homes, you must submit:
 - application (CS-058)
 - verification of contract to deliver mobile or modular homes on letterhead of the business you are delivering them for
 - verification of proper registration of the towing vehicle
 - proof of commercial insurance in the amounts required by the administration
- If you are a licensed state inspection station, you must submit:
 - application only (CS-058)

APPLICANTS FOR **FINANCE COMPANY TAGS** MUST MEET THE FOLLOWING CRITERIA:

- Be authorized to do business in the state of Maryland or licensed to do business in this state by the Bank Commission or Commissioner of Consumer Credit as a financial institution AND
- Transport vehicles that have been repossessed to or between storage facilities, to or from repair or inspection facilities, you must submit:
 - application only (CS-058)

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 Registration of Transporter of Vehicles or Finance Companies

REQUIREMENTS ON REVERSE SIDE TRANSPORTER FINANCE COMPANY

ORIGINAL APPLICATION CHANGE OF ADDRESS CHANGE OF OFFICERS

A	COMPANY NAME		TRADE NAME, IF ANY		
	BUSINESS ADDRESS	CITY	CO.	STATE	ZIP CODE
	BUSINESS PHONE NUMBER	EMPLOYER ID NUMBER (FEIN)		EMAIL ADDRESS	

1. List type of business conducted at the above location (attach separate sheet if needed).

2. Is the above company registered with the Maryland State Police as an inspection station? Yes No Station # _____

- B** 3. Is a trader's license required by the political subdivision where the above company is located? Yes No
If so, list the trader's license number. _____ Expiration Date _____
4. Vehicle liability insurance information:
Insurance Company _____
Policy or Binder Number _____ Agent or Broker _____

LIST ALL OWNERS, PARTNERS OR OFFICERS OF CORPORATION, BELOW:

NAME OF OWNER, PARTNER OR OFFICER	SOC. SEC. NO.		HOME PHONE NO.		
STREET ADDRESS	CITY OR TOWN	COUNTY	STATE	ZIP CODE	
NAME OF OWNER, PARTNER OR OFFICER	SOC. SEC. NO.		HOME PHONE NO.		
STREET ADDRESS	CITY OR TOWN	COUNTY	STATE	ZIP CODE	
NAME OF OWNER, PARTNER OR OFFICER	SOC. SEC. NO.		HOME PHONE NO.		
STREET ADDRESS	CITY OR TOWN	COUNTY	STATE	ZIP CODE	

C I/we certify, under penalty of perjury, that the statements made herein are true and correct to the best of my knowledge, information and belief. I/we have read and understand the requirements and limitations of the use of these registration plates and indicated on the reverse side of this application.

DATE	APPLICANT SIGNATURE	CAPACITY	PRINTED NAME
DATE	APPLICANT SIGNATURE	CAPACITY	PRINTED NAME
DATE	APPLICANT SIGNATURE	CAPACITY	PRINTED NAME

MOTOR VEHICLE ADMINISTRATION ONLY

- ____ 1. Is the applicant properly equipped, and does applicant have adequate facilities to perform services indicated on this application?
- ____ 2. Is the applicant a licensed auctioneer exempt from the dealer licensing laws?
- ____ 3. Is there a licensed Maryland dealer operating at this location?

D Dealer Number _____ Dealer Name _____

- ____ 4. Will the transporter plates be used on vehicles in the possession of, but not owned by the transporter?
- ____ 5. Based upon your investigation, is the applicant recommended for approval?
- ____ 6. Number of plates recommended?

Additional comments from investigation: _____

Investigator's Signature _____

Approved: _____ Date: _____ Concurrence: _____

RESTRICTIONS - TRANSPORTERS TAGS

The applicant must be equipped to perform the service indicated on the application and have the facilities at a fixed location, adequate and appropriate, for the type of business that is to be conducted.

Registration plates are to be used on vehicles in the possession of, but not owned by the applicant, and are limited to the operation of vehicles to facilitate delivery, inspection, repair, painting or remodeling; or for the transport of recovered stolen vehicles by insurance companies; or to relocate vehicles among storage facilities and points of pick-up and delivery; or to transport mobile or modular homes.

RESTRICTIONS - FINANCE COMPANY TAGS

A finance company plate may be used on a vehicle repossessed by, or on behalf of a financial institution, to transport it from the place of repossession, to a storage facility, between storage facilities, and to and from repair and inspection facilities.

RESTRICTIONS - GENERAL

Registration plates are not for personal, private or public use.

The Motor Vehicle Administration (MVA) must be notified immediately, in writing, of any change in address, business name, business designation, or any other information which appears on the original or renewal application.

The loss or theft of any registration plates must be reported to MVA immediately.

Registration plates must be returned to MVA immediately if the applicant ceases business operations or if the plates are no longer needed.

The MVA may suspend or revoke the registration plates if it finds that the holder is not lawfully entitled to them; or if illegal use of such plates is made or knowingly permitted; or, if fraud is committed during the application process; or, upon failure of the applicant to give notice of any factual change in the application or renewal request for the registration plates.



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



Transporter Tag Contract

INSTRUCTIONS: Two (2) contracts are required if the applicant performs repairs, paints, remodels or installs equipment on vehicles, or is a licensed auctioneer, auctioning vehicles for seller exempt from dealer licensing requirements.

Licensed State inspection stations do not need tag contracts.

A separate form CS-140 must be completed and submitted for each contract.

We, the undersigned do hereby certify that the Transporter named herein does perform repairs, painting, remodeling, or the installation of equipment thereon auction vehicles for seller exempt from dealer licensing requirements transports new motor vehicles, new or used trailers, or mobile construction equipment, other _____

NAME OF COMPANY FOR WHOM TRANSPORTER PROVIDES ABOVE SERVICES)	TRANSPORTER
(NAME OF BUSINESS)	(NAME OF BUSINESS)
(STREET AND NUMBER)	(STREET AND NUMBER)
(CITY OR TOWN) (STATE) (ZIP CODE)	(CITY OR TOWN) (STATE) (ZIP CODE)
I certify under penalty of perjury that the above is true and correct to the best of my knowledge and belief.	I certify under the penalty of perjury that the above is true and correct to the best of my knowledge and belief.
(SIGNATURE-AUTHORIZED REPRESENTATIVE) (DATE)	(SIGNATURE-AUTHORIZED REPRESENTATIVE) (DATE)
(PRINTED NAME)	(PRINTED NAME)



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