



Expungement Request

Driver's License Number			
Date of Birth			
Name - First	Middle	Last	
Street Address	City	State	Zip Code
<p>I certify that I <input type="checkbox"/> have <input type="checkbox"/> have not been convicted for a criminal offense in which a motor vehicle was involved. If you have been convicted of such an offense please furnish the following:</p>			
Location of Offense			
Date of Offense			
<p>I certify that I <input type="checkbox"/> have <input type="checkbox"/> do not have any traffic summonses or criminal charges involving a motor vehicle now pending or outstanding, in Maryland or in any other state. If you have any such summonses or charges pending or outstanding, please complete the following:</p>			
Nature of Pending Offenses			
Trial Date(s)			
I certify that the statements made above are true and correct to the best of my knowledge, information and belief.			
Signature			Date
<p>Note: You will be advised by mail within four weeks of the outcome of your request.</p> <p>Do not send a check or money order with this request. If a driving record is needed you may obtain a certified/ non-certified copy at the Motor Vehicle Administration.</p> <p>Send this completed form to: Motor Vehicle Administration, Administrative Adjudication Division, Room 211 6601 Ritchie Highway N.E., Glen Burnie, MD 21062.</p>			