

MARYLAND STATE COUNCIL

LICENSE TAGS

THE SPECIAL KNIGHTS OF COLUMBUS LICENSE TAGS WHICH CONTAIN A FIVE COLOR EMBLEM OF THE ORDER FOLLOWED BY FOUR NUMBERS ARE STILL AVAILABLE. THESE TAGS MAY BE OBTAINED BY FOLLOWING THE PROCEDURES OUTLINED BELOW.

THESE SPECIAL TAGS MAY BE USED ON AUTOMOBILES, MULTI-PURPOSES VEHICLES OR TRUCKS, AND MAY BE INTERCHANGED BETWEEN ANY OF THE THREE.

HERE 'HOW TO APPLY:

1. COMPLETE A COPY OF THE ATTACHED APPLICATION, INCLUDING THE MEMBERS SIGNATURE,
2. SEND APPLICATION ALONG WITH A CHECK MADE PAYABLE TO THE MARYLAND STATE COUNCIL-KNIGHTS OF COLUMBUS FOR \$35.00 (THIS FEE IS A ONE TIME CHARGE), SEND TO: STATE LICENSE TAG CHAIRMAN, GLENN L. WILMER, PGK, 2305 CLOVERDALE DRIVE - FALLSTON, MD. 21047-1616, YOUR APPLICATION WILL BE FORWARDED TO MOTOR VEHICLES,
3. YOUR NEW LICENSE TAGS WILL BE MAILED DIRECT TO YOU. WHEN YOU PURCHASE THESE NEW TAGS THE MVA WILL TRANSFER THE REMAINING TIME ON YOUR PRESENT REGISTRATION AND PROVIDE YOU WITH NEW STICKERS. AFTER RECEIPT OF THE NEW TAGS PLEASE RETURN YOUR OLD TAGS TO A MVA OFFICE AND OBTAIN A RECEIPT. (FAILURE TO DO SO WILL RESULT IN A FINE)
4. PLEASE PROVIDE YOUR COUNCIL # _____.

Application/Certification for Organizational License Plates



Name of Organization _____					Organization Member or Medal Recipient Check One: <input type="checkbox"/> Owner <input type="checkbox"/> Co-Owner				
I certify the individual below is a bona fide member of the above organization.			Signature _____ Auth. Rep. _____		MVA Use Only <input type="checkbox"/> New Issue <input type="checkbox"/> Surviving Spouse <input type="checkbox"/> Substitute <input type="checkbox"/> S/N				
Owner Information Name of Owner first middle last telephone no. _____					Check Class <input type="checkbox"/> Passenger car <input type="checkbox"/> 1 ton or less <input type="checkbox"/> Multi-purpose vehicle				
Resident Address street address city county state zip code _____					Proof Of Award Reviewed: <input type="checkbox"/> Discharge papers (Form DD-214) <input type="checkbox"/> Medal Certification <input type="checkbox"/> Written proof from National Personnel Records Center				
Name of Co-Owner _____					Fees Organizational tags \$15.00- Non Logo \$25.00- Logo Combat tags \$25.00 <input type="checkbox"/> Grats <input type="checkbox"/> Paid				
Vehicle Information year make sticker no. tag no. title no. _____					Approved by: _____				
VIN no. _____			insurance co. _____		Tag Issued:				
policy/ binder no. _____			agent/ broker _____						
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 _____									

Customer Service Center: 1-800-950-1MVA (1682), From Out-of-State: 1-301-729-4550 TDD for the hearing impaired: 1-800-492-4575
To close public access of your driver's record call toll free 1-888-MVA-3772 or ask a customer representative at any MVA office.

