

Instructions: Please complete the	• •	3, the fee for MSFA tags will when and/or co-owner).	ll be \$10.00.		
DEPARTMENT NAME:			DEPARTMENT/COMPANY NFIRS#		
certify that the applicant is a bon	a fide member of the			d.	
Department/Company Representative County Tag Coordinator's Signature*					
ransportation Committee Chairperso	ons Signature				
The Department member is the:	Owner	☐ Co-Owner			
Owner's Name (First, Middle, Last)			Driver's License Number		
Address (as listed on Registration)		City	County	State	Zip Code
Co- Owner's Name (First, Middle, La	uer's Name (First, Middle, Last)		Driver's License Number		
•					
hereby authorize the representati	ve of my departmen	t to review/release mv pers	sonal information	for official bu	ırposes:
Owner's Signature Co-Owner's Signature				<u> </u>	
Do not attach copy of registration					
'ehicle Information Year Make	Sticker No.	Title No.		Current Tag N	0.
/ehicle Identification Number					
nsurance Co.		Policy/Binder	No.		
certify, under penalty of perjury,	that the above infor	mation is true and correct t	to the best of my l	knowledge:	
Signature of Owner		Date			
Signature of Co-Owner				Date	
Signature of our entire				Dato	
MVA Use Only: □New Issue □Sub	stitute DSurviving Sn	iouse			
New Tag Number Issued: FD	•		Date Issued:		
ag Coordinators: Please ma	ail this applicatio	n and the appropriate	fees to:		
ISFA Tag Committee 2130 Pries	t Bridge Drive Suite	4, Crofton, MD 21114.			
pplications that are incomplete	or are mailed with	out payment will be retu	rned.		
	Original BBVA	0	ustomor		
	Original - MVA	сору - С ray, N.E., Glen Burnie, Maryland			