



**Application for License Plates for Facilities**

*Please read instructions on back carefully before completing form*

**A. Facility Information**

Name of Facility:			Soundex #:	
Street Address:			FEIN No.:	
City:	County:	State:	Zip Code:	

**B. Leasing Company Information (if vehicle is leased)**

Name of Owner:				
Street Address:				
City:	County:	State:	Zip Code:	

**C. Vehicle Information**

Vehicle Identification Number (VIN):		Year:	Make:	Model:	Body Style:
Class:	<input type="checkbox"/> Lift Equipment (check here)	Present Tag Number:	Present Sticker Number:	Title Number:	

**D. Certification Statement - Owner, Officer of Corporation or Partner in Partnership**

***Certification Statement:** I, the undersigned applicant for these special tags, hereby certify, under the penalties prescribed in Maryland Vehicle law, that the vehicle described above is used exclusively for the transportation of individuals with disabilities and that if the vehicle for which these plates are issued ceases to be operated for or by the above named Facility, the plates must be returned to the Motor Vehicle Administration immediately.*

Signature of Vehicle Owner, Officer of Corporation, or Partner in Partnership:	Telephone No.:	Date:
Signature of Facility Representative:	Telephone No.:	Date:

**Do not write below this line**

**MVA Use Only**

Tags Issued:
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## Instructions Application for License Plates for Facilities

**Form Purpose:**

This form is used by facilities with a vehicle that is used exclusively to transport individuals with disabilities.

A facility is defined as a nursing home, health care facility, adult day care facility, retirement home, or other facility that regularly provides transportation for individuals with disabilities.

Disability license plates issued to a facility must be used exclusively for the transportation of individuals with disabilities and if the vehicle, for which these plates are issued ceases to be operated for or by the facility, the plates must be returned to the Motor Vehicle Administration.

**Fee Information:**

The registration fee will vary by the type and use of the vehicle.

**Form Completion Instructions:****Section A—Facility Information**

Enter the information requested about the facility requesting plates.

**Section B—Leasing Company Information (if vehicle is leased)**

Enter the vehicle's owner's name (and co-owner, if any) and address. Include the business name and business telephone number.

**Section C—Vehicle Information**

Enter the information requested about the vehicle.

**Section D—Certification Statement - Owner, Officer of Corporation or Partner in Partnership**

Review the Certification Statement and sign where indicated.

Only vehicles titled in a company name qualify for Facility Plates.