

**Temporary Inspection Waiver** **Fee: \$20.00**

**Section A - To be completed by all applicants regardless of reason for waiver** **Non Refundable**  
**Description of Vehicle:**

Year	Make	Model	Vehicle Identification Number	FEIN #
Full Name of Vehicle Owner			Full Name of Vehicle Co-Owner	
Owner's Street Address			Co-Owner's Street Address	
City	County	State	Zip Code	City
				County
				State
				Zip Code

**Certification of Insurance:** The vehicle described above is covered by personal injury and property damage insurance in the minimum amounts required by the laws of Maryland.

Insurance Company	Policy/Binder Number	Agent/Broker
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**Odometer Mileage upon Transfer of Ownership** (required by federal/state regulations):  
 Odometer reading is \_\_\_\_\_ (no tenths)  1. The mileage stated is in excess of its mechanical limits.  
 2. The odometer reading is not the actual mileage. **Warning - Odometer Discrepancy**

**Reason for Waiver Request:**  
 I am a Maryland resident and a member of the U.S Armed Forces stationed outside of Maryland. **(use section B)**

**Section B - To be completed by Maryland members of the U.S. Armed Forces assigned out of state**

I certify that I am a member of the U.S Armed Forces officially assigned to duty at the following military base.  
 Name/Location of Base \_\_\_\_\_  
 Military Address \_\_\_\_\_ Maryland Tag # \_\_\_\_\_  
**I request an inspection waiver due to the above information. Upon returning to Maryland, I will have the vehicle inspected at an authorized Maryland safety inspection station.**

Signature of Serviceman	Printed Name	Date
<b>The above named serviceman is assigned to official duty at the above named military base.</b>		
Signature of Commanding Officer (rank)	Printed Name	Date

**Section C - To be completed by applicants for transportation to a Maryland inspection station**  
 Means by which to transport my vehicle to an authorized Maryland inspection station are unavailable. I understand that one 30 day temporary registration will be issued for the purpose of transporting the vehicle to and from an inspection station or weigh station or both.

**TEMPORARY EXPIRATION DATE** \_\_\_\_\_

Owner's Signature	Date	Co-Owner's Signature	Date
Owner's Printed Name		Co-Owner's Printed Name	

White Copy - MVA Canary Copy - Customer