



Motor Vehicle Administration
6601 Ritchie Highway, N.E.
Glen Burnie, Maryland 21062

VR-005 (06-15)

The MVA should contact me at: DEALER'S EMAIL (Email address) or DEALER'S PHONE (Phone) for any questions regarding this application.

APPLICATION FOR CERTIFICATE OF TITLE

READ INSTRUCTIONS ON REVERSE SIDE

APPLICANT'S FIRST NAME LYCOMING AUTO TRUST			MIDDLE			LAST			CO-APPLICANT'S FIRST NAME C/O LESSEE NAME			MIDDLE			LAST				
APPLICANT'S SOUNDINDEX/MARYLAND DRIVER'S LICENSE NO. Z-975-002-393-812						DATE OF BIRTH MONTH NA DAY NA YEAR NA			CO-APPLICANT'S SOUNDINDEX/MARYLAND DRIVER'S LICENSE NO. LESSEE DRIVER'S LICENSE NO.						DATE OF BIRTH MONTH NA DAY NA YEAR NA				
APPLICANT'S STREET ADDRESS 1500 SYCAMORE ROAD, SUITE 200						CITY OR TOWN MONTOURSVILLE						CO-APPLICANT'S STREET ADDRESS LESSEE ADDRESS							
COUNTY LYC		STATE PA		ZIP CODE 17754		EMAIL ADDRESS titling@autotrakk.com						COUNTY		STATE		ZIP CODE		EMAIL ADDRESS LESSEE EMAIL	

IS THE VEHICLE TO BE TITLED AS JOINT TENANTS OR TENANTS BY ENTIRETIES? JOINT TENANTS TENANTS BY ENTIRETIES

If the name entered above is a business or trust, enter the FEIN here **20-6122152**. Check the type of business entity below: Trust Professional Association
 Sole Proprietorship Corporation Limited Liability Company Limited Liability Partnership Partnership Joint Venture Other, (please specify) _____
 Please attach a copy of the BUSINESS LICENSE or see reverse of this application for proof acceptable to this Administration.

VEHICLE DESCRIPTION

<input type="checkbox"/> NEW VEHICLE	MODEL YEAR	MAKE OF VEHICLE	MODEL NO.	BODY STYLE	VEHICLE IDENTIFICATION NUMBER		
<input type="checkbox"/> USED VEHICLE							
<input type="checkbox"/> TWO STAGE VEHICLE COMPLETE MAKE & YEAR FOR EACH VEHICLE	MODEL YEAR	MAKE OF VEHICLE	TYPE OF FUEL	# OF CYLINDERS	MOTOR CARRIER #	UNIT #	
<input type="checkbox"/> TRUCK G.V.W.	<input type="checkbox"/> TRUCK TRACTOR G.C.W.	AXLES	<input type="checkbox"/> BUS SEATS	<input type="checkbox"/> MOTORCYCLE ENGINE NO.	ENGINE SIZE (C.C.)	<input type="checkbox"/> TRAILER (SPECIFY LENGTH) G.V.W.	TYPE OF TRAILER

If this vehicle is subject to any liens or encumbrances, complete the following section(s). Attach form VR-217 for additional Lien Filings. LIEN FILING FEE \$20.00 for each Lien filed. IF NOT SUBJECT TO A LIEN, WRITE THE WORD "NONE" BELOW.

NAME OF SECURED PARTY NONE	STREET ADDRESS OF SECURED PARTY	KIND OF LIEN (DESCRIBE)	DATE OF LIEN
CITY OR TOWN	STATE	ZIP CODE	AMOUNT OF LIEN

PURCHASE INFORMATION FOR TAX PURPOSES - SEE INFORMATION ON REVERSE SIDE

IF VEHICLE RECENTLY PURCHASED	MARYLAND DEALER'S CERTIFICATION	DEALERS ONLY
MD. EXCISE	I hereby certify, under penalty of perjury, that the purchase price represents the full amount paid for this vehicle.	CERTIFIED SELLING PRICE
TAX 6% OF \$ _____ FULL PURCHASE PRICE	Date of Delivery _____	TRADE-IN ALLOWANCE
ATTACH A NOTARIZED BILL OF SALE SIGNED BY SELLER(S) AND PURCHASER(S)	DEALER'S NUMBER N U _____	TAXABLE PRICE
	NAME OF DEALERSHIP _____	GROSS TAX COLLECTED
	SIGNATURE OF DEALER _____ DATE _____	COLL. FEE .6% OF GROSS OR \$12 MAX. FEE ALLOW.
VIN OF TRADE-IN _____ STATE _____		NET TAX REMITTED

Complete this section in its entirety if you qualify for an Excise Tax Credit in this State. I/we have been resident(s) in Maryland for approximately _____ I/we last registered this vehicle in _____ and paid _____ % tax (if no tax paid, write "NONE") Check here if active duty military.

Federal and State law requires that you state the mileage in connection with this vehicle. Failure to complete or providing a false statement may result in fines and/or imprisonment. I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked:
 ODOMETER READING _____ (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.

APPLICATION FOR NEW REGISTRATION PLATES OR TRANSFER OF REGISTRATION PLATES

I/we do hereby make application for: New Tags Transfer of Tags Title Only Class of Tags desired _____
 Is this vehicle to be operated for short term rental? Yes No If transferring plates, complete below:
 TAG NO. _____ and STICKER NO. _____ The vehicle to which these plates were affixed has been sold, traded or otherwise transferred to: Name _____ Address _____
 Name of Insurance Co. _____ Policy or Binder No. _____ Agent or broker _____
 I/we certify that I/we have compared the manufacturer's vehicle identification number on this application with the number on the vehicle and they agree and that this vehicle is subject to the liens or encumbrances indicated herein and none other. For vehicles registered over 10,000 lbs. by signing this application, I/we certify knowledge of the Federal and State Motor Carrier Safety Laws and certify this vehicle is maintained in compliance with the Maryland Preventive Maintenance Program. If making application for new plates or transfer of registration plates I/we certify under Penalty of Law that the vehicle is covered by at least the minimum amounts of insurance required by the Maryland Motor Vehicle Laws, and further certify that this vehicle will be continuously insured throughout its registration period. I/we further certify under Penalty of Perjury that the statements made herein are true and correct to the best of my knowledge, information and belief.
 Signature of Applicant **"REP NAME" authorized agent of Lycoming Auto Trust** Printed Name of Applicant **LYCOMING AUTO TRUST**
 Signature of Co-Applicant **LEAVE BLANK** Printed Name of Co-Applicant **LEAVE BLANK**
 Witness my/our Hand(s) and Seal(s) this _____ day of _____ year _____
 Signature of Co-Signer **LEAVE BLANK** Relationship **LEAVE BLANK**
 Soundex **LEAVE BLANK** Date of Birth **LEAVE BLANK**