

OCEAN CITY, MARYLAND VINTAGE LICENSE PLATES

Eligibility Requirements:

- Your vehicle must be registered in the State of Maryland
- □ You must submit your application to the Office of the City Clerk, Attention: Front Desk, City Hall 301 Baltimore Avenue, Ocean City, Maryland 21842, or, visit our website at www.cWUbVIma X'[c]
- Plate numbers are assigned by the Maryland Motor Vehicle Administration.

How to apply:

- Have your current vehicle registration and insurance information handy to complete the attached form.
- □ To avoid delay, make sure your information is legible, complete and signed by the owner (and co-owner if applicable).
- □ Fee: \$35.00 per vehicle (This amount includes \$25.00 MVA Tag Fee + \$10.00 Administrative Fee) *Note: if applying by mail, please do not send cash; make your check or money order payable to the Town of Ocean City.

Mail the completed application and appropriate fees to:

The City Clerk's Office Attention Front Desk Town of Ocean City P.O. Box 158 Ocean City, MD 21843

Note: Please allow 8 weeks for processing.

Reminder: return your old plates to the MVA!

- ✓ In person to any MVA branch office
- ✓ Drop them in one of the MVA license plate return drop boxes. Currently, drop boxes are located at the Glen Burnie, Gaithersburg, Columbia, Essex, Waldorf and Salisbury offices.
- ✓ Mail them to the Glen Burnie MVA office: 6601 Ritchie Highway, Glen Burnie, MD 21062. Sending them by certified mail with return receipt requested is recommended.

Note: When you return the license plates, always include your registration card.

MVA Customer Service Center: 1-800-950-1MVA(1682)



Application/Certification for Organizational License Plates

Name of Organization:		(owner and/or co-owner). Sub	пи арргориате тесо	witii арріюацоп.
			• M	aryland •
TOWN OF OCEAN				
I certify that the individual bel	ow is a bona fide member	of the above organization:	Ocean C	1010101
Diana L. Chavis, Ci			CITY M	
Signature of Authorized Repres	sentative		• Ocean C	ity, Maryland •
Owner's Name, First	Middle	Last	Driver's Lice	nse Number
Street Address	City	County	State	Zip Code
Co-Owner's Name, First	Middle	Last	Driver's Lice	nse Number
I hereby authorize the represen	tative of my organization to	review/release my personal inform	ation for official purpos	es:
Owner's Signature		Co-Owner's Signature		
Vehicle Information Year Make	Sticker No.	Title No.		Tag No.
Insurance Co.		Policy/Binder No	<u>.</u>)	
Organizational Member: (Cl Check Class: Passenge	•	☐ Co-Owner		
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