



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 | |
| Full Name of Vehicle Owner | | Full Name of Vehicle Co-Owner | | |
| Owner's Street Address | 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 |
|-------------------|----------------------|--------------|

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 |
|-------------------------|--------------|------|

The above named serviceman is assigned to official duty at the above named military base.

| | | |
|--|--------------|------|
| 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