



November 8, 2011

Dear Member,

Attached is a copy of notification from the MVA regarding registering and titling of vehicles. The information below should enable you to follow the MVA instructions more accurately:

REGISTERING A VEHICLE

Your self-insured certificate number is #S0094.

CERTIFICATE OF TITLE

The instructions from the MVA for applying for title include a sample "Application for Certificate of Title" form (also attached). The sample application highlights the lines "Name of Insurance Co." and "Policy or Binder No." In the "Name of Insurance Co." line enter "Local Government Insurance Trust - #S0094"; the "Policy or Binder No." line should read "self-insured" as shown in the MVA sample application.

CERTIFICATES OF SELF-INSURANCE

Recent changes in Maryland law more stringently require vehicle specific proof of insurance. LGIT will be happy to provide members with vehicle specific Certificates of Self-Insurance upon request for vehicles insured by LGIT. The changes in the law makes reporting of newly acquired vehicles to LGIT more important than ever, so please inform LGIT of the vehicle acquisition or retirement as soon as possible. Also, when reporting changes, please include the year, make, model, VIN#, tag and title numbers, and date of acquisition or retirement of the vehicle.

ASSISTANCE IN VEHICLE CERTIFICATION ISSUES

If you encounter any problems with the MVA regarding proof of insurance or related issue, please contact your underwriter.

Sincerely,

A handwritten signature in black ink, appearing to read "H. Schomburg".

Herbert (Hank) Schomburg, CPCU, ARM, AIM, AIC
Director of Loss Control and Underwriting Services

REGISTERING SELF-INSURED VEHICLES

When registering self-insured vehicles, please provide your self-insured certificate number (S & 4-digit number) to either the title clerk/dealership or to the MVA customer service representative and advise them the policy number is the two words "self-insured" in the policy field. By providing this information, the registration records for your vehicles will reflect the correct information.

This information should also be provided on the MVA title applications. I have attached a copy as an example.

If you have any questions concerning this, please contact me at 410-768-7391 or by email at msalmi@mdot.state.md.us.

Thank you.

Marva Salmi
Insurance Compliance Division



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

VR-005 (05-11)

APPLICATION FOR CERTIFICATE OF TITLE

READ INSTRUCTIONS ON REVERSE SIDE

APPLICANT'S FIRST NAME	MIDDLE	LAST	CO-APPLICANT'S FIRST NAME	MIDDLE	LAST
APPLICANT'S SOUNDEX/MARYLAND DRIVER LICENSE NO.		DATE OF BIRTH	CO-APPLICANT'S SOUNDEX/MARYLAND DRIVER LICENSE NO. / FEIN #		DATE OF BIRTH
		MONTH / DAY / YEAR			MONTH / DAY / YEAR
APPLICANT'S STREET ADDRESS			CITY OR TOWN		
CO-APPLICANT'S STREET ADDRESS			CITY OR TOWN		
COUNTY	STATE	ZIP CODE	COUNTY	STATE	ZIP CODE

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

VEHICLE DESCRIPTION

<input type="checkbox"/> NEW VEHICLE <input type="checkbox"/> USED VEHICLE	MODEL YEAR	MAKE OF VEHICLE	MODEL NO.	VEHICLE IDENTIFICATION NUMBER			
<input type="checkbox"/> TWO-STAGE VEHICLE COMPLETE MAKE & YEAR FOR EACH VEHICLE	MODEL YEAR	MAKE OF VEHICLE	BODY STYLE	TYPE OF FUEL	# OF CYLINDERS	MOTOR CARRIER #	UNIT #
<input type="checkbox"/> TRUCK G.V.W.	<input type="checkbox"/> TRUCK TRACTOR G.C.W.	<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	STREET ADDRESS OF SECURED PARTY		KIND OF LIEN (DESCRIBE)	DATE OF LIEN
CITY OR TOWN	STATE	ZIP CODE	AMOUNT OF LIEN	ACCOUNT NUMBER

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 _____ DEALER'S NUMBER: N-4		TRADE-IN ALLOWANCE
ATTACH A NOTARIZED BILL OF SALE SIGNED BY SELLER(S) AND PURCHASER(S)	NAME OF DEALERSHIP SIGNATURE OF DEALER		TAXABLE PRICE GROSS TAX COLLECTED
VIN OF TRADE-IN	STATE	COLL. FEE .5% OF GROSS OR \$12 MAX. FEE ALLOW.	
Complete this section in its entirety if you qualify for an Excise Tax Credit in this State. If we have been resident(s) in Maryland for approximately _____ We last registered this vehicle in _____ and paid _____ % tax (if no tax paid, write "NONE") <input type="checkbox"/> Check here if active duty military			NET TAX REMITTED

APPLICATION FOR NEW REGISTRATION PLATES OR TRANSFER OF REGISTRATION PLATES

I/we do hereby make application for: New Tags Transfer of Tags Title Only. Is your motor vehicle now suspended or revoked in this or any other state? Yes No. 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. Pumokln Patch Coach Company - #S0150

Policy or Binder No. self-insured

Agent or broker _____

Class of Tags desired _____

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.

I/we certify that 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, we certify knowledge of the Federal and State Motor Carrier Safety Laws and Law that the vehicle is maintained in compliance with the Maryland Preventive Maintenance Program. If making application for new plates or transfer of registration plates, we certify under Penalty of Perjury 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. 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 _____

Printed Name of Applicant _____

Signature of Co-Applicant _____

Printed Name of Co-Applicant _____

Witness my/our Hand(s) and Seal(s) this _____ day of _____ year _____

Signature of Co-Signer _____

Relationship _____

Soundex _____

Date of Birth _____