

# The Grand Lodge of Ancient Free and Accepted Masons of Maryland, U.S.A.

Masonic Temple • 304 International Circle • Cockeysville, MD 21030 • 410.527.0600  
Fax 410.527.1276 • office@glmd.org

## APPLICATION FOR GRAND LODGE LICENSE PLATES

The Most Worshipful Grand Master has requested and received permission from the Motor Vehicle Administration (MVA) of the Maryland Department of Transportation to issue Organizational License Plates to its members, family related members of Masons, and all sojourning Masons living in the jurisdiction of Maryland.

Should you be interested in obtaining a set of Grand Lodge Organizational License Plates for your automobile(s), please fill out the enclosed form (one for each automobile) and then forward it to the Grand Secretary's Office along with your check in the amount of \$35.00 for each automobile made payable to the

Grand Lodge of Maryland  
Attn. Carl Michel  
304 International Circle  
Cockeysville, MD 21030

Your application will be processed, and your automobile license plates should be to you in a short period of time. Numbers will be issued in the order as applications are received. For our purposes, you are requested to complete the bottom part of this correspondence and forward your request to the Grand Secretary's Office.



For questions, please call Carl Michel at (410) 527-0600. The license plate will have the square, compasses, and the letter "G" on the left side, the wording "Maryland" at the top, "Master Mason" at the bottom, and the identification letters "G" and "L" signifying the Grand Lodge.

**Applicant Name:** \_\_\_\_\_

**Lodge Name/Number:** \_\_\_\_\_

**Applicant Address:** \_\_\_\_\_

**Applicant Phone:** \_\_\_\_\_

# SAMPLE ONLY



VR-124 (11-12)

## Application/Certification for Organizational License Plates

Instructions: Please complete the entire application (owner and/or co-owner). Submit appropriate fees with application.

Name of Organization:

**GRAND LODGE OF A.F. & A.M. OF MARYLAND**

I certify that the individual below is a bona fide member of the above organization:

Signature of Authorized Representative

Owner's Name, First Middle Last Driver's License Number

Street Address City County State Zip Code

Co-Owner's Name, First Middle Last Driver's License Number

I hereby authorize the representative of my organization to review/release my personal information for official purposes:

Owner's Signature

Co-Owner's Signature

### Vehicle Information

Year Make Sticker No. Title No. Tag No.

Vehicle Identification Number

Insurance Co. Policy/Binder No.

Organizational Member: (Check one)  Owner  Co-Owner

Check Class:  Passenger Car  Multi-purpose vehicle  Truck 1 ton or less  Motorcycle

Fees: Non Logo Organizational Tags: \$15.00 Logo: \$25.00

I certify, under penalty of perjury, that the above information is true and correct to the best of my knowledge:

Signature of Owner Date

Signature of Co-Owner Date

MVA Use Only:  New Issue  Substitute  Surviving Spouse  S/N

Gratis  Paid Approved by: Tag Issued:

You may either mail your application and the appropriate fees to:  
Motor Vehicle Administration, Vehicle Registration Organizational Unit; 6601 Ritchie Highway, Glen Burnie, MD 21062;  
or visit the MVA full Service Office in Glen Burnie and have your plates issued to you.

Original - MVA

Copy - Customer

For more information, please call: 410-768-7000 (to speak with a customer service representative).  
TTY for the hearing impaired: 1-800-492-4575. Visit our website at: [www.MVA.Maryland.gov](http://www.MVA.Maryland.gov)

**Direct all Inquiries to  
Bro. Carl Michel (410)527-0600**

Fill in as printed

LEAVE BLANK

Complete this  
Section

Please Sign

LEAVE BLANK



**Application/Certification for Organizational License Plates**

**Instructions: Please complete the entire application (owner and/or co-owner). Submit appropriate fees with application.**

**Name of Organization:**

I certify that the individual below is a bona fide member of the above organization:

**Signature of Authorized Representative**

Owner's Name, First	Middle	Last	Driver's License Number
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Street Address	City	County	State	Zip Code
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Co-Owner's Name, First	Middle	Last	Driver's License Number
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**I hereby authorize the representative of my organization to review/release my personal information for official purposes:**

Owner's Signature

Co-Owner's Signature

**Vehicle Information**

Year	Make	Sticker No.	Title No.	Tag No.
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Vehicle Identification Number

Insurance Co.

Policy/Binder No.

**Organizational Member:** (Check one)  Owner  Co-Owner

**Check Class:**  Passenger Car  Multi-purpose vehicle  Truck 1 ton or less  Motorcycle

**Fees: Non Logo Organizational Tags: \$15.00 Logo: \$25.00**

**I certify, under penalty of perjury, that the above information is true and correct to the best of my knowledge:**

Signature of Owner

Date

Signature of Co-Owner

Date

**MVA Use Only:**  New Issue  Substitute  Surviving Spouse  S/N

Gratis  Paid **Approved by:** \_\_\_\_\_ **Tag Issued:** \_\_\_\_\_

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