



# WASHINGTON CAPITALS MARYLAND LICENSE PLATE FORM



Benefiting the Monumental Sports & Entertainment Foundation

CAPITALS USE ONLY

Name of Organization: **Monumental Sports & Entertainment Foundation**

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

Signature of Authorized Representative (Capitals Use Only)

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 e-Signature (Please type full legal name)

Co-Owner's e-Signature (Please type full legal name)

### VEHICLE INFORMATION

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

Insurance Company

Policy/Binder Number

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

**Check Class:**  Passenger Car  Multi-purpose vehicle

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

e-Signature of Owner (Please type full legal name)

Date

e-Signature of Co-Owner (Please type full legal name)

Date

MVA ONLY

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