



# Washington Wizards Maryland License Plate Form



Benefiting the Monumental Sports  
& Entertainment Foundation

WIZARDS 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 (Wizards Use Only)

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 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.

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

**Approved By:** \_\_\_\_\_ **Tag Issued:** \_\_\_\_\_