

# How to fill out a Maryland title

VR-002 · 9 of 13 boxes are the seller's · rules as of 2026-08-23

**This sheet is not the title.** It is the checklist to keep beside one. No notary, no witness, and no second chance with a pen. Alterations and erasures void the document. The manual describes this block in one sentence that is worth reading twice: the section where the owner(s) of the vehicle will complete an assignment, as required by law, showing the name and address of the party or parties to whom they are transferring the ownership of the vehicle. Then it adds the part people miss - all federally conforming titles have both the printed name and signature of the buyer(s) and seller(s). Signature alone is not an assignment here. Print it as well.

## Who has to sign

|                                    |                                                                                                                                                                                                                                                                              |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Every owner printed on the face    | If two names are joined by AND, both sign the seller's lines and both print underneath. Where a co-seller signs, the right-hand column of the block exists for exactly that.                                                                                                 |
| The buyer                          | Signs and prints on the buyer's lines inside the same assignment block, acknowledging the mileage you have certified. The certificate carries a second, separate buyer's signature further down under the words I AM AWARE OF THE ODOMETER CERTIFICATION MADE BY THE SELLER. |
| A surviving spouse                 | Prints the deceased owner's name on one seller line with the word deceased after it, then signs and prints their own on the other with surviving spouse after it, and sends a certified death certificate with the title.                                                    |
| A personal representative          | Signs the seller's line with personal representative or executor written after the signature, and a letter of administration under the seal of the court travels with the certificate.                                                                                       |
| An attorney-in-fact                | Only on a VR-470 restricted power of attorney, with a copy of every vehicle owner's driver's licence stapled to it and the odometer reading declared on the form itself.                                                                                                     |
| Nobody at all, if it is a business | A corporation, LLC or trust signs through the person legally authorised to do so, and the MVA asks them to state their capacity after the signature.                                                                                                                         |

## Every box, in the order you meet it

| # | WHO | BOX                         | WHAT GOES IN IT                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---|-----|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | YOU | Name(s) of Buyer(s)         | The first line of the assignment block, on the rule that follows the printed sentence about the vehicle having been transferred to the following. <b>Watch out:</b> Write it before anybody signs. The MVA's list of common mistakes to avoid opens with leaving sections of the title blank, and a certificate handed over with this line empty is an open invitation for the name to be filled in by someone else.                                                                         |
| 2 | YOU | Address of Buyer(s)         | The line underneath, split by printed sub-labels into STREET ADDRESS, CITY OR TOWN, COUNTY, STATE and ZIP CODE. <b>Watch out:</b> County is a real box on a Maryland title and it is easy to skip past because most states do not ask. Take it from the buyer's licence rather than guessing which county a Baltimore suburb sits in.                                                                                                                                                        |
| 3 | YOU | ODOMETER READING            | A printed box on the left of the block with the words no tenths beside it. Whole miles, read on the day you sign. <b>Watch out:</b> Whatever goes here has to match the VR-197 if you fill one in and the odometer line on the VR-005 if the buyer uses one. Fill this box first and copy from it; two documents disagreeing about the mileage is a discrepancy and the MVA treats it as one.                                                                                                |
| 4 | YOU | The two odometer statements | Tick box 1 if the reading is in excess of its mechanical limits, or box 2 if the odometer reading is not the actual mileage. Above them the certificate has already certified the reading as actual unless one is checked. <b>Watch out:</b> Silence is an assertion here, not an omission. Leaving both empty on a car whose cluster was replaced is a false certification, and the words WARNING - ODOMETER DISCREPANCY are printed on the certificate for a reason.                       |
| 5 | YOU | SELLING PRICE               | Right-hand column of the block, directly above the date. The figure actually paid. <b>Watch out:</b> This is the number the buyer's excise tax is worked out from, so it is the number a buyer will occasionally ask you to shade. Do not. Where the MVA thinks the price is \$500 or more under book value it charges tax on book value instead, and the only way back is a notarised VR-181 explaining the price - so an under-written figure costs the buyer money rather than saving it. |
| 6 | YOU | DATE OF SALE                | The line below the price. The day the vehicle changed hands. <b>Watch out:</b> The buyer's thirty days under Transportation Article 13-112 run from delivery, and this is the date anyone later reads as the day it happened. Write the real one even where the money moved a week earlier.                                                                                                                                                                                                  |
| 7 | YOU | SIGNATURE OF SELLER(S)      | Left-hand column, first of the four signature rules. Sign as the name is printed on the face of the certificate. <b>Watch out:</b> No notary and no witness - the certificate says NOTARY NOT REQUIRED lower down the same sheet. What it will not forgive is a signature in the buyer's row, which is a void assignment and a VR-018 duplicate before you can start again.                                                                                                                  |

| #  | WHO    | BOX                                                        | WHAT GOES IN IT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----|--------|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8  | YOU    | PRINTED NAME OF SELLER(S)                                  | The rule immediately under your signature, in block capitals or plain print. <b>Watch out:</b> The manual is specific that this is not optional: all federally conforming titles have both the printed name and signature of the buyer(s) and seller(s). A signature on its own leaves the assignment incomplete.                                                                                                                                                                                                                          |
| 9  | YOU    | SIGNATURE OF CO-SELLER(S) and PRINTED NAME OF CO-SELLER(S) | The right-hand column of the same block, used only where the face of the title names a second owner. <b>Watch out:</b> If the two names on the front are joined by AND, both of you sign here. If the buyer is a couple and only one of them is on the licence you copied, that is a question to settle before the pen comes out, not afterwards.                                                                                                                                                                                          |
| 10 | BUYER  | SIGNATURE OF BUYER(S) and PRINTED NAME OF BUYER(S)         | The last two rules of the assignment block. The buyer signs and prints to acknowledge the mileage you certified. <b>Watch out:</b> Watch them do it before you hand the keys over. An assignment with a blank buyer signature is not finished, and you will be the one the buyer telephones when the MVA hands it back.                                                                                                                                                                                                                    |
| 11 | BUYER  | Application for Title and Registration, the buyer's block  | The second block down: buyer's driver's licence number, date of birth, lien details, the secured party's name and address, the tag application boxes, insurance company and policy number, and the joint tenancy question. <b>Watch out:</b> The buyer may fill this in or may use a separate VR-005 instead - the MVA accepts either. Nothing in this block is yours, including the line asking for the name of the person to whom you sold the old vehicle, which is about the buyer's own previous car.                                 |
| 12 | BUYER  | NOTARY NOT REQUIRED                                        | A heading over the buyer's certification, not a field. Underneath it the buyer certifies under penalty of perjury that the vehicle identification number on the face agrees with the number plate on the vehicle. <b>Watch out:</b> Read it once and then stop looking for a notary on this document. The only Maryland form in a private sale that needs one is the VR-181, and only when it is being used to prove the price.                                                                                                            |
| 13 | DEALER | The two DEALER'S REASSIGNMENT blocks                       | The bottom half of the sheet: two identical panels with a certified selling price, trade in allowance, taxable price, gross tax collected and net tax remitted, plus a dealer's number and a VIN of trade-in. <b>Watch out:</b> A private seller never writes in these, and a private buyer never does either. If somebody selling you a car has completed one of them and is not a licensed dealer, that is the shape curbstoning takes - and the MVA's buying page lists the seller's name not being on the title as the first red flag. |

## Before the title comes out of the drawer

- **You are not looking for a notary** — The certificate prints NOTARY NOT REQUIRED on its own reverse. Only the VR-181 is sworn, and only when it is proving the price.
- **Print the name as well as signing it** — The manual calls a printed name and a signature the mark of a federally conforming title. One without the other is an incomplete assignment.
- **Nothing gets crossed out** — DO NOT ACCEPT TITLE SHOWING ANY ERASURES, ALTERATIONS OR VOIDS is printed across the top of the front. A mistake means a duplicate, not a correction.
- **Write the price you were actually paid** — It sets the buyer's excise tax, and a figure well under book value costs them more rather than less.
- **Whole miles, no tenths** — The certificate's own box says so, and so does the VR-197 and the odometer line inside the VR-005.
- **Take the plates off in the driveway** — Not later that week. The registration stays open in your name until they reach Glen Burnie, and the penalty clock does not care that the car has gone.

| VEHICLE IDENTIFICATION NO.                                                                                              |              | YEAR          | MAKE       | BODY STYLE                              | CLASS | ODOMETER | BRAND       | TITLE NUMBER                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------|--------------|---------------|------------|-----------------------------------------|-------|----------|-------------|----------------------------------------------------------------------------------------------|
| EXCEPT                                                                                                                  | GR. VEH. WT. | GR. COMB. WT. | FEE (TAGS) | INSPECTION DATE                         |       |          | DATE ISSUED |                                                                                              |
| OWNER'S SOUNDEX / DRIVER LICENSE NO.                                                                                    |              |               |            | CO-OWNER'S SOUNDEX / DRIVER LICENSE NO. |       |          |             |                                                                                              |
| NAME(S) AND ADDRESS OF REGISTERED OWNER(S)                                                                              |              |               |            |                                         |       |          |             | ODOMETER CODES<br>A. Actual Mileage<br>B. Exceeds Mechanical Limits<br>C. Not Actual Mileage |
| <h1>SAMPLE</h1>                                                                                                         |              |               |            |                                         |       |          |             |                                                                                              |
| THE                                                                                                                     |              |               |            |                                         |       |          |             |                                                                                              |
| <b>MVA USE ONLY</b><br>OFFICIALLY ISSUED ON THE DATE SET FORTH ABOVE                                                    |              |               |            |                                         |       |          |             |                                                                                              |
| <br>ADMINISTRATOR OF MOTOR VEHICLES |              |               |            |                                         |       |          |             |                                                                                              |
| CONTROL NO.<br>(This is not a Title No.)<br><b>C000000</b><br>VR-002 (05-11)                                            |              |               |            |                                         |       |          |             |                                                                                              |
| THIS TITLE CON                                                                                                          |              |               |            | CH IS VISIBLE WHEN HELD TO LIGHT        |       |          |             |                                                                                              |

**IMPORTANT NOTICE:** This certificate is transferable only when recorded and filed with the Motor Vehicle Administration and is valid only while the vehicle described on the face is owned by the individual, firm or corporation named thereon. **TITLE AND SECURITY INTEREST FILING FEES ARE REQUIRED.** Maryland excise tax is assessed on the greater of the total purchase price if verified by the Administration's notarized Bill of Sale (VR-181) signed by buyer(s) and seller(s) or minimum allowed by law. When Bill of Sale (VR-181) does not accompany the title, tax is based on the valuation shown in a national publication of used car value used by this Administration. If the vehicle is over seven (7) model years of age the tax is based on the greater of purchase price or minimum allowed by law. No Maryland Certificate of Title will be issued until all security interest or liens filed with the Motor Vehicle Administration have been officially released on the face. However, this vehicle may be subject to liens or encumbrances not filed with the Motor Vehicle Administration. If this is a Duplicate Title it may be subject to the rights of a person under the Original Certificate. MARYLAND MOTOR VEHICLE ADMINISTRATION - 6601 RITCHIE HIGHWAY, N.E. - GLEN BURNIE, MARYLAND 21062.

| ASSIGNMENT OF OWNERSHIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | APPLICATION FOR TITLE AND REGISTRATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                  |                                                                                                                                                                                                              |                                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--|
| ASSIGNMENT OF OWNERSHIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | The undersigned hereby certifies that the vehicle described in this title has been transferred to the following.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                  |                                                                                                                                                                                                              |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Name(s) of Buyer(s) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                  |                                                                                                                                                                                                              |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Address of Buyer(s) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                  |                                                                                                                                                                                                              |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS</div> <div>CITY OR TOWN</div> <div>COUNTY</div> <div>STATE</div> <div>ZIP CODE</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                  |                                                                                                                                                                                                              |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 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:<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1. The mileage stated is in excess of its mechanical limits.<br/> <input type="checkbox"/> 2. The odometer reading is not the actual mileage.             </div> <div>               SELLING PRICE _____<br/>               DATE OF SALE _____             </div> </div>                                                                                                                                               |                                                                                                                  |                                                                                                                                                                                                              |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ODOMETER READING _____ (no tenths)<br><b>WARNING - ODOMETER DISCREPANCY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                  |                                                                                                                                                                                                              |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SIGNATURE OF SELLER(S) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SIGNATURE OF CO-SELLER(S) _____                                                                                  |                                                                                                                                                                                                              |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PRINTED NAME OF SELLER(S) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PRINTED NAME OF CO-SELLER(S) _____                                                                               |                                                                                                                                                                                                              |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SIGNATURE OF BUYER(S) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | SIGNATURE OF CO-BUYER(S) _____                                                                                   |                                                                                                                                                                                                              |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PRINTED NAME OF BUYER(S) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PRINTED NAME OF CO-BUYER(S) _____                                                                                |                                                                                                                                                                                                              |                                                 |  |
| APPLICATION FOR TITLE AND REGISTRATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Name(s) of Buyer(s) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                  |                                                                                                                                                                                                              |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Address of Buyer(s) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                  |                                                                                                                                                                                                              |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Give Maryland Driver's License Number and Date of Birth. If you do not have a Driver's License, give Date of Birth.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                  |                                                                                                                                                                                                              |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | BUYER'S DRIVER'S LICENSE NO. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DATE OF BIRTH _____                                                                                              | CO-BUYER'S DRIVER'S LICENSE NO. _____                                                                                                                                                                        |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | IF NOT SUBJECT TO A LIEN, INDICATE "NONE"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                  | AMOUNT OF LIEN _____                                                                                                                                                                                         | DATE OF LIEN _____                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NAME OF SECURED PARTY _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                  | ADDRESS OF SECURED PARTY _____                                                                                                                                                                               |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | I/we hereby make application for (Check applicable block) <input type="checkbox"/> New Title <input type="checkbox"/> New Title and Transfer of Tags <input type="checkbox"/> New Title Only No Tags                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                  |                                                                                                                                                                                                              |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | If you are transferring tags from a vehicle that you sold, to this vehicle, give the following (if applicable):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                  | CLASS OF VEHICLE _____                                                                                                                                                                                       | TAG NUMBER _____                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NAME OF PERSON TO WHOM YOU SOLD THE OLD VEHICLE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                  | ADDRESS _____                                                                                                                                                                                                |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CERTIFICATION OF INSURANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NAME OF INSURANCE COMPANY (COPY FROM YOUR POLICY) _____                                                          |                                                                                                                                                                                                              | NAME OF AGENT _____                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | IS THIS VEHICLE TO BE TITLED AS JOINT TENANTS OR TENANTS BY ENTIRETIES?<br><input type="checkbox"/> JOINT TENANTS <input type="checkbox"/> TENANTS BY ENTIRETIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                  | <b>"I AM AWARE OF THE ODOMETER CERTIFICATION MADE BY THE SELLER"</b><br>SIGNATURE OF BUYER(S) _____<br>PRINTED NAME OF BUYER(S) _____<br>SIGNATURE OF CO-BUYER(S) _____<br>PRINTED NAME OF CO-BUYER(S) _____ |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NOTARY NOT REQUIRED<br>I/we certify, under penalty of perjury that the statements made herein are true and correct to the best of my/our knowledge, information and belief and hereby state that the manufacturer's identification number shown on the face hereof agrees with the number plate on the vehicle.<br>Witness My/Our Hand(s) And Seal:<br>This _____ Day of _____ 20____                                                                                                                                                                                                                                                                                         |                                                                                                                  | CO-SIGNATURE OF PARENT, GUARDIAN OR RESPONSIBLE ADULT REQUIRED WHEN APPLICANT IS UNDER 18 YEARS OF AGE. MUST BE SIGNED BY OWNER(S), OFFICER(S) OF CORPORATION, OR PARTNER IN PARTNERSHIP.                    |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DEALER'S REASSIGNMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | The undersigned hereby certifies that the vehicle described in this title has been transferred to the following. |                                                                                                                                                                                                              |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Name(s) of Buyer(s) _____                                                                                        |                                                                                                                                                                                                              |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Address of Buyer(s) _____                                                                                        |                                                                                                                                                                                                              |                                                 |  |
| <div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS</div> <div>CITY OR TOWN</div> <div>COUNTY</div> <div>STATE</div> <div>ZIP CODE</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                  |                                                                                                                                                                                                              |                                                 |  |
| SIGNATURE OF BUYER(S) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SIGNATURE OF CO-BUYER(S) _____                                                                                   |                                                                                                                                                                                                              |                                                 |  |
| PRINTED NAME OF BUYER(S) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PRINTED NAME OF CO-BUYER(S) _____                                                                                |                                                                                                                                                                                                              |                                                 |  |
| 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:<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1. The mileage stated is in excess of its mechanical limits.<br/> <input type="checkbox"/> 2. The odometer reading is not the actual mileage.             </div> <div>               DATE OF DELIVERY _____<br/>               CERTIFIED SELLING PRICE _____<br/>               TRADE IN ALLOWANCE _____<br/>               TAXABLE PRICE _____<br/>               GROSS TAX COLLECTED _____             </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                  |                                                                                                                                                                                                              |                                                 |  |
| ODOMETER READING _____ (no tenths)<br><b>WARNING - ODOMETER DISCREPANCY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                  |                                                                                                                                                                                                              |                                                 |  |
| SIGNATURE OF AUTHORIZED AGENT _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DEALER'S NO. _____                                                                                               |                                                                                                                                                                                                              |                                                 |  |
| PRINTED NAME OF AUTHORIZED AGENT _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                  |                                                                                                                                                                                                              |                                                 |  |
| PRINTED NAME OF DEALERSHIP _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                  |                                                                                                                                                                                                              |                                                 |  |
| VIN OF TRADE-IN _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STATE _____                                                                                                      | COLL. FEE 0.6% OF GROSS OR \$12 MAX. FEE ALLOW.                                                                                                                                                              |                                                 |  |
| IF NOT SUBJECT TO A LIEN, INDICATE "NONE"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | AMOUNT OF LIEN _____                                                                                             | DATE OF LIEN _____                                                                                                                                                                                           |                                                 |  |
| NAME OF SECURED PARTY _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ADDRESS OF SECURED PARTY _____                                                                                   |                                                                                                                                                                                                              |                                                 |  |
| DEALER'S REASSIGNMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | The undersigned hereby certifies that the vehicle described in this title has been transferred to the following. |                                                                                                                                                                                                              |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Name(s) of Buyer(s) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                  |                                                                                                                                                                                                              |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Address of Buyer(s) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                  |                                                                                                                                                                                                              |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS</div> <div>CITY OR TOWN</div> <div>COUNTY</div> <div>STATE</div> <div>ZIP CODE</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                  |                                                                                                                                                                                                              |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SIGNATURE OF BUYER(S) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                  | SIGNATURE OF CO-BUYER(S) _____                                                                                                                                                                               |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PRINTED NAME OF BUYER(S) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  | PRINTED NAME OF CO-BUYER(S) _____                                                                                                                                                                            |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 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:<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1. The mileage stated is in excess of its mechanical limits.<br/> <input type="checkbox"/> 2. The odometer reading is not the actual mileage.             </div> <div>               DATE OF DELIVERY _____<br/>               CERTIFIED SELLING PRICE _____<br/>               TRADE IN ALLOWANCE _____<br/>               TAXABLE PRICE _____<br/>               GROSS TAX COLLECTED _____             </div> </div> |                                                                                                                  |                                                                                                                                                                                                              |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ODOMETER READING _____ (no tenths)<br><b>WARNING - ODOMETER DISCREPANCY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                  |                                                                                                                                                                                                              |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SIGNATURE OF AUTHORIZED AGENT _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                  | DEALER'S NO. _____                                                                                                                                                                                           |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PRINTED NAME OF AUTHORIZED AGENT _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                  |                                                                                                                                                                                                              |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PRINTED NAME OF DEALERSHIP _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                  |                                                                                                                                                                                                              |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VIN OF TRADE-IN _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                  | STATE _____                                                                                                                                                                                                  | COLL. FEE 0.6% OF GROSS OR \$12 MAX. FEE ALLOW. |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | IF NOT SUBJECT TO A LIEN, INDICATE "NONE"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                  | AMOUNT OF LIEN _____                                                                                                                                                                                         | DATE OF LIEN _____                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NAME OF SECURED PARTY _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                  | ADDRESS OF SECURED PARTY _____                                                                                                                                                                               |                                                 |  |

| ASSIGNMENT OF OWNERSHIP |                                                                                                                                                         |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1                       | The undersigned hereby certifies that the vehicle described in this title has been transferred to the following.                                        |
| 2                       | Name(s) of Buyer(s) <u>Emmett J. Callahan</u>                                                                                                           |
| 3                       | Address of Buyer(s) <u>1904 Dual Highway</u> <u>Hagerstown</u> <u>Washington</u> <u>MD</u> <u>21740</u>                                                 |
| 4                       | 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: |
| 5                       | <input type="checkbox"/> 1. The mileage stated is in excess of its mechanical limits.                                                                   |
| 6                       | <input type="checkbox"/> 2. The odometer reading is not the actual mileage.                                                                             |
| 7                       | ODOMETER READING <u>61208</u> (no tenths)                                                                                                               |
| 8                       | WARNING - ODOMETER DISCREPANCY                                                                                                                          |
| 9                       | SIGNATURE OF SELLER(S) <u>Rosalind Parnell</u>                                                                                                          |
| 10                      | PRINTED NAME OF SELLER(S) <u>Rosalind T. Parnell</u>                                                                                                    |
| 11                      | SIGNATURE OF BUYER(S) <u>Emmett J. Callahan</u>                                                                                                         |
| 12                      | PRINTED NAME OF BUYER(S) <u>Emmett J. Callahan</u>                                                                                                      |
| 13                      | SIGNATURE OF CO-SELLER(S)                                                                                                                               |
| 14                      | PRINTED NAME OF CO-SELLER(S)                                                                                                                            |
| 15                      | SIGNATURE OF CO-BUYER(S)                                                                                                                                |
| 16                      | PRINTED NAME OF CO-BUYER(S)                                                                                                                             |

Every rule here is transcribed from MVA Interactive Title and Registration Manual, revised November 2025 and the Maryland Motor Vehicle Administration's own pages. Plain-language help with a form, not legal advice — where our wording and the agency's differ, theirs governs.