

MARYLAND DEPARTMENT OF NATURAL RESOURCES LICENSING AND REGISTRATION SERVICE

APPLICATION FOR OFF ROAD VEHICLE REGISTRATION

Custome on DND ID mumbers		
(If you do not already have a dnr and create account prior to subm		rs portal https://mdoutdoors.maryland.gov/
Vehicle Identification Number (V	′IN):	
Vehicle Type (ATV, Snowmobile,	etc.):	
Vehicle Manufacturer:		Nodel:
Vehicle Year:		
Customer Daytime Phone Number	er:	
Fee: \$10 – Make checks p	ayable to DNR	
BUSINESS HOURS ARE 8:30 to 4:	30 MONDAY THROUGH FRIDAY <u>BY AP</u>	POINTMENT ONLY (EXCEPT STATE HOLIDAYS)
	1-866-344-8889	
This application can be maile	d, scanned or faxed to one of the	designated service centers listed.
-	e or you may submit the credit care	e can contact you to process your credit d authorization slip along with
Annapolis Service Center 160 Harry S. Truman Pkwy P. O. Box 1869 Annapolis MD 21404 410-260-3220 410-260-3281 (Fax) annapolisrsc.dnr@maryland.gov	Bel Air Service Center 501 W. MacPhail Rd. #2 Bel Air, MD 21014 410-836-4550 410-836-4562 (Fax) belairrsc.dnr@maryland.gov	Centreville Service Center 120 Broadway Ave. #5 Centreville, MD 21617 410-819-4100 410-819-4110 (Fax) centrevillersc.dnr@maryland.gov
Essex Service Center 1338 Eastern Blvd. A Essex, MD 21221 667-401-0760 667-401-0765 (Fax) essexrsc.dnr@maryland.gov (No Mail. Open Mon/Wed/Fri)	Frederick Service Center 1601-A Bowmans Farm Rd. Frederick, MD 21701 240-236-9950 240-236-9953 (Fax) frederickrsc.dnr@maryland.gov Solomons Service Center	Salisbury Service Center 251 Tilghman Rd. #2 Salisbury, MD 21804 410-713-3840 410-713-3849 (Fax) salisburyrsc.dnr@maryland.gov Cumberland Service Center
	14175 Solomons Island Rd. S P. O. Box 1309	13300 Winchester Road, SW Cumberland, MD 21502

Solomons, MD 20688

410-535-4737 (Fax)

solomonsrsc.dnr@maryland.gov

410-535-3382

301-777-2134

301-777-5865 (Fax)

cumberlandrsc.dnr@maryland.gov

(No Mail. Open Tues/Thurs)

Credit card only at this location

Credit Card Authorization Slip to be Submitted Along with Application

Accepted cards: VISA, MasterCard, Discover			
Customer Full Name:			
Customer Signature:	Date		
Amount of Charge: \$*			
Card Number:	Expiration Date/		
CVS (three on back of card) Billing Zip Code			
Phone Number: (
*Staff will contact you before processing if transaction charge amount is different than indicated			
above			
Check here if you would like credit card slip returned to you. Otherwise slip will be shredded after processing.			
Application must have live signature, not electronic.			
DNR G-13 (06/2023)			