



MARYLAND "WATCH YOUR CAR" PROGRAM MAIL-IN REGISTRATION/WAIVER FORM

1-800-96THEFT

Registered Owner's Last Name			First Name			Middle Name			
Street Address									
City & County			State		Zip Code		1. Area Code & Telephone #	2. Area Code & Telephone #	
Vehicle Tag Number		Tag Year	Make		Year	Model		Style	Color
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Vehicle Identification Number (17 Digits)									
Authorized Drivers #1			Additional Authorized Drivers #2			Additional Authorized Drivers #3			

I hereby consent and agree to the below procedures, and I have fully read and understand all the information in this waiver and agree to abide by the procedures contained therein:

Vehicles in the Watch Your Car Program that are registered in two names must be signed by both owners.

Printed Name Owner #1			Signature Owner #1			Date		
Printed Name Owner #2			Signature Owner #2			Date		

**All Above Information Required to be Printed Except Signatures
(Kindly Use Ink)**

HC1

**BY REGISTERING THE ABOVE VEHICLE IN THE MARYLAND
"WATCH YOUR CAR" PROGRAM
I VOLUNTARILY AGREE TO THE FOLLOWING:**

The above vehicle is not normally operated between the hours of 1:00 AM and 5:00 AM.

If the Police should observe a person operating the vehicle during the above hours (1:00 AM - 5:00 AM) they will reasonably suspect that the person operating the vehicle is doing so without my permission. Under these conditions, I grant consent to the Police to make an Investigation Stop of the vehicle and to determine if an authorized driver is operating the vehicle.

I also realize that persons operating my vehicle during the stated hours with my permission are subject to being stopped by the Police for investigation. It is my responsibility to advise these individuals prior to giving them my vehicle that police may stop the vehicle. In these instances, police action may include the necessary precautions taken to protect officers when approaching a potentially stolen vehicle with occupants.

I understand that I must remove both decals if I withdraw from the program. I will also notify the Vehicle Theft Prevention Council, in writing, of such withdrawal or of any changes in my address or telephone number while still in the program.

I further consent and agree to indemnify and hold harmless any local, county, state or federal duly sworn law enforcement officer or agency against any and all claims arising from my participation in this program.

Please complete the above information and mail this form to: The MARYLAND VEHICLE THEFT PREVENTION COUNCIL, 1125 National Highway, LaVale, MD. 21502. Upon receipt of your registration form, Watch Your Car decals along with instructions for their placement on your vehicle will be mailed to you. Questions or inquiries regarding this program may be directed to the Maryland Vehicle Theft Prevention Council by mail or telephone on 1-800-96-THEFT or 410-486-0677 (TTY/TT). APPROPRIATE AUXILIARY AIDS AND SERVICES FOR QUALIFIED INDIVIDUALS WITH DISABILITIES WILL BE PROVIDED UPON REQUEST.