



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



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			Make		Year		Model		Style		Color	
Vehicle Identification Number (17 Digits)												
Authorized Driver #1				Additional Authorized Driver #2				Additional Authorized Driver #3				

*I/we 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			
<b>All Above Information Required to be Printed Except Signatures (Kindly Use Ink)</b>									<b>WSC5</b>

**BY REGISTERING THE ABOVE VEHICLE IN THE MARYLAND  
"WATCH YOUR CAR" PROGRAM  
I/WE 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/our permission. Under these conditions, I/We 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/We also realize that persons operating the vehicle during the stated hours with my/our permission are subject to being stopped by the police for investigation. It is my/our responsibility to advise these individuals prior to giving them the 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/We understand that I/we must remove both decals if I/we withdraw from the program. I/we will also notify the Vehicle Theft Prevention Council, in writing, of such withdrawal or of any changes in my/our address or telephone number while still in the program.

I/We 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, 1201 Reisterstown Rd., Pikesville, MD. 21208. 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.**