



# Maryland State Police Automotive Safety Enforcement Division

6601 Ritchie Highway Glen Burnie, MD 21062 (410) 768-738 Fax:761-5466 [www.mdsp.maryland.gov/ASED](http://www.mdsp.maryland.gov/ASED)

## INSPECTION FEE INCREASE AUTHORIZATION REQUEST

DATE: \_\_\_\_\_

STATION #: \_\_\_\_\_

STATION NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

It is requested that the vehicle safety inspection fee for the above station be increased to the amount indicated below. I understand that the requested amount can not be charged until approved by the Division:

Current Rates/Fees

INCREASED Rates/Fees

Flat Hourly Labor Rate: \$ \_\_\_\_\_

Flat Hourly Labor Rate: \$ \_\_\_\_\_

Current Inspection Fee: \$ \_\_\_\_\_

Requested Inspection Fee: \$ \_\_\_\_\_

Inspection fee is for the following class(es) of inspection(s): \_\_\_\_\_

Requested By: \_\_\_\_\_  
Station Licensee Signature or Personal Representative when Power of Attorney is on File

Printed Name: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

**FOR OFFICE USE ONLY**

In accordance with the Code of Maryland Regulations (COMAR), Title 11, Subtitle 14, Chapter 01.10 (L) (5), an inspection fee increase for a complete inspection is approved by the Division as indicated below. Prorated inspection fees shall be based on this approval fee. Further changes in this inspection fee must be approved by the Division.

APPROVED INSPECTION FEE: \$ \_\_\_\_\_

Approved By: \_\_\_\_\_ ID# \_\_\_\_\_  
Supervisor Automotive Safety Enforcement Division

Approval Date: \_\_\_\_\_

I certify that the above station has satisfactorily justified the requested increase in the inspection fee.  
*(Only valid when signed by authorized ASED personnel)*