



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

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: _____
Supervisor ID#
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)