

Part A

RENTAL PROPERTY REGISTRATION

Part A

TRACKING
NUMBER

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⇒ **PLEASE NOTE:**

When using this form, **DO NOT ADD NAMES** to those Owners to whom the Tracking No. was assigned or change names from individuals to business entities. To add names or to change the Owner's name entirely, call MDE Rental Registry for a new Tracking No.

YOU MAY EDIT INCORRECT INFORMATION (e.g. addresses or spelling of names) associated with the Tracking No.

OWNER		<i>SEE PAGE 5 FOR DETAILED INSTRUCTIONS</i>	
		YOU CANNOT ADD TO OR DELETE ANY OF THE NAMES ASSIGNED TO THIS TRACKING NUMBER	
Please make any address corrections in the empty space below			
NAME:			
ADDRESS:			
CITY:		STATE:	ZIPCODE:
TELEPHONE: [Work: <input type="checkbox"/> Cell: <input type="checkbox"/> Home: <input type="checkbox"/>] ()			

⇒ **MAIL ANNUAL RENEWAL FORMS TO** (select one): Owner PO Box Property Manager

RESIDENT AGENT/ AUTHORIZED AGENT		<i>SEE PAGE 5 FOR DETAILED INSTRUCTIONS</i>	
You must name a contact person 18 years of age or older who is customarily present in an office in Maryland for the purpose of transacting business or who actually resides in Maryland. It may be the owner , the property manager, or any other person.	LAST NAME:		
	FIRST NAME:		
	ADDRESS:		
	CITY:		MD
	ZIP CODE:		
	TELEPHONE: [Work: <input type="checkbox"/> Cell: <input type="checkbox"/> Home: <input type="checkbox"/>] ()		

PROPERTY MANAGER		<i>SEE PAGE 5 FOR DETAILED INSTRUCTIONS</i>	
NAME:		<i>For Office Use Only</i>	
ADDRESS:			
CITY:	STATE:		
ZIP CODE:			
TELEPHONE: [Work: <input type="checkbox"/> Cell: <input type="checkbox"/> Home: <input type="checkbox"/>] ()			

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INSURANCE		<i>SEE PAGE 5 FOR DETAILED INSTRUCTIONS</i>
Please complete the information below for each company providing property insurance or lead hazard	<input type="checkbox"/> CHECK HERE IF YOU DO NOT HAVE ANY INSURANCE	
POLICY		
INSURANCE CO. NAME:		
ADDRESS:		
CITY:		STATE:
ZIP CODE:		
POLICY NUMBER:		

AFFIRMATION	
I hereby affirm that the information contained in this Registration Form is complete and true to the best of my knowledge.	SIGNATURE
	DATE
	PRINT NAME

PART B INSTRUCTIONS	<i>SEE PAGE 5 FOR ADDITIONAL INSTRUCTIONS</i>	Part B Is Next Page →
<p>FOR EACH NEW PROPERTY you wish to register</p> <ol style="list-style-type: none"> MAKE, then COMPLETE, a copy of PART B for each additional property you wish to register. You may complete Part B on the next page for the 1st property you wish to register. Provide the required property information (Property No and Property Address) where indicated. Note: Property No. is the "Real Estate Tax Account Number" found on your property tax bill. Enter information for EACH UNIT ON ONE OF THE NUMBERED LINES (1 – 10). If the whole property is a single rental unit, enter "SFP" (Single Family Property). Enter the Subtotal of Units at the bottom of <i>EACH</i> Part B. Transfer the Combined Total (of the Subtotals) of ALL the Parts B to "<i>FEE SUMMARY PAGE</i>" Calculate and enter the amount due for each type of New Units (# New Units × \$15/unit) and Include the calculated amount for your newly-registered Units on the bottom line, "TOTAL AMOUNT SUBMITTED" AND in your payment. <p>Note: If ANY of the information required on Part A (both pages) is NOT the SAME for ALL properties, you must USE A SEPARATE FORM FOR EACH PROPERTY.</p>		



Tracking No. _____

Manager Name and Address
(other than Owner)

Owner Name: _____

Name: _____

Address: _____

Owner Email: _____

(A) Information		Property	(B) Status			(C) OCCUPANCY	(D) TREATMENTS			(E) NOTICES
Property Address	Property No. City, State, Zip	UNIT IDENTIFICATION Single Family Property = "SFP" or separate units list unit #	Date Built	Status Code	Date of Most Recent Change in Occupancy	Date of Most Recent Treatment	Type Code	Most Recent Inspection Certificate No.	Most Recent Date Tenants' Rights Sent	
Example: 123 Main St. 123 Main St. Cont.	12345678 Baltimore, MD, 21203	1A, 1B, 1C, 1D 2A, 2B, or SFP	1936	[1] Pre 1950 [2] Post 1949 [3] Certified lead free (Opt. In)	2/11/1995	2/1/1995	1	123456	1/31/2007	
1)										
2)										
3)										
4)										
5)										
6)										
7)										
8)										

Subtotal Unit count: _____

Lead Hazard Insurance Coverage (Y / N) Circle one

Policy No. _____

If Needed Complete additional FORM B and total ALL FORM B Subtotals to Fee Payment Form

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Part C

FEE SUMMARY PAGE

Part C

Please calculate fees for all rental units listed and tallied on ALL Part B pages

Total Count, Column B "STATUS" = _____ x \$15 = _____

TOTAL AMOUNT SUBMITTED = _____

- Make check or money order payable to: Maryland Department of the Environment
- Include tracking number on your payment
- Cancelled check will serve as your receipt
- To receive proper credit, Parts A, B, and C of the Registration Form must be submitted with payment
- Mail Parts A, B, and C with payment to:

**Maryland Department of the Environment
P.O. Box 23660
Baltimore, MD 21203-5660**

PART A & B INSTRUCTIONS

PART A OWNER INFORMATION

TRACKING NUMBER: MAKE SURE AN MDE TRACKING NUMBER IS ON THE FORM. If an MDE tracking number has not been assigned, call the MDE Lead Hotline to obtain a tracking number (410) 537-4199 or 1-800-776-2706.

NOTE: The registration cannot be processed without a tracking number.

OWNER ADDRESS: Make sure the FULL name, including any middle name, full mailing address, and telephone number of the property owner is typed or printed clearly. Please check the box for type of phone number. Indicate to whom you want MDE to **MAIL ANNUAL RENEWALS** (Owner, PO Box, Manager, etc.)

RESIDENT AGENT: If the owner and/or property manager does not live in Maryland, you must provide information for a contact person who lives in Maryland and is at least 18 years of age.

PROPERTY MANAGER: If the property manager is **other than the owner**, type or print clearly the property manager's name, full mailing address, and telephone number. Please identify the type of phone number

INSURANCE: Type or print clearly the Insurance Company's name, complete mailing address, and policy number for all properties. NOTE: If needed, you may attach a separate sheet for additional policy numbers.

PART B NEW UNIT IDENTIFICATION & REGISTRATION INFORMATION

MAKE SURE THE TRACKING NUMBER AND PROPERTY NUMBER ARE TYPED OR PRINTED CLEARLY ON PART B OF THE REGISTRATION FORM.

*****NOTE A SEPARATE PART B IS NEEDED FOR EACH PROPERTY*****

If you own more than one rental property ("Multiple Property Owner"), photocopy one Part B ("New Unit Identification & Registration") for each separate property.

If any of the information required on Part A is NOT the SAME for ALL PROPERTIES, you MUST use a separate registration form for each property.

PROPERTY NUMBER: Type or print clearly the Property Number in space provided. You can get your Property Number or "Real Estate Tax Account Number" off your property tax bill or contact the *Department of Assessments and Taxation* at (410) 767-8259 www.dat.state.md.us. NOTE: Property number and property street address number are not the same.

Column A: Type or print clearly the property address in empty box provided, then identify each unit in the property on the lines below the property address. If property does not have more than one unit write Single Family Property (SFP) on the line below.

Column B: Subcolumn **B1:** Enter the **Date Built for the Property**. Subcolumn **B2:** Enter the code for the **Status Code** (date range) for **each unit was built** ([1] = Pre-1950, [2] = Post-1949) or the certified Lead Free option ([3] = Certified Lead Free).

Column C: Type or print clearly the date your most recent tenant moved in for each unit.

Column D: **SEE YOUR INSPECTION CERTIFICATE for section D.** Subcolumn **D1:** Enter the date inspected/treatment completed. Subcolumn **D2:** Enter the **Type Code** for the type of treatment performed ([1] = Lead Dust Inspection, [2] = Full Risk Reduction Treatment & Visual Inspection, [3] = Modified Risk Reduction). Subcolumn **D3:** Enter the **certificate number**.

NOTE: If an inspection has not been performed on the property, Column D does not apply.

Column E: Enter the most recent date the Tenants Rights Package was given to the tenant for each unit.

Subtotal: **Count** the entries in **COLUMN B2** and enter the number at the bottom of Rental **Registration Form**.