



Application for Special Plates

<p>SECTION A</p> <p>PERSONALIZED? <input type="checkbox"/> Yes (If yes, complete Sec. G) <input type="checkbox"/> No</p> <p>Is this for a motorcycle? <input type="checkbox"/> Yes</p>	<p>VETERAN/ MILITARY PLATES (DD -214 required)</p> <p><input type="checkbox"/> Afghanistan Veteran*</p> <p><input type="checkbox"/> Armed Forces Expeditionary Vet*</p> <p><input type="checkbox"/> Combat Wounded Veteran*</p> <p><input type="checkbox"/> Ex-POW Veteran*</p> <p><input type="checkbox"/> GWOT Veteran* select one <input type="checkbox"/> Expeditionary Medal <input type="checkbox"/> Service Medal</p> <p><input type="checkbox"/> Iraq Veteran*</p> <p><input type="checkbox"/> Korean Defense Service Vet*</p> <p><input type="checkbox"/> Korean Veteran*(service medal only)</p> <p><input type="checkbox"/> Laos (Allied Vet)*</p> <p><input type="checkbox"/> Pearl Harbor Survivor</p> <p><input type="checkbox"/> Persian Gulf Veteran*</p> <p><input type="checkbox"/> "Proud To Be A Veteran"</p> <p><input type="checkbox"/> Silver Star Vet* <input type="checkbox"/> Bronze Star Vet*</p> <p><input type="checkbox"/> Vietnam Veteran*</p> <p><input type="checkbox"/> World War II Veteran*</p> <p><input type="checkbox"/> Woman Vet*</p> <p><input type="checkbox"/> National Guard <input type="checkbox"/> Ready Reserve</p>	<p>VETERAN ORGANIZATIONS (must provide membership card)</p> <p><input type="checkbox"/> American Legion*</p> <p><input type="checkbox"/> Disabled American Veterans*</p> <p><input type="checkbox"/> VFW*</p> <p>SERVICE PLATES</p> <p><input type="checkbox"/> Firefighter*</p> <p><input type="checkbox"/> Retired Firefighter*</p> <p><input type="checkbox"/> Retired Law Enforcement</p> <p><input type="checkbox"/> Volunteer Ambulance</p> <p>COLLECTOR</p> <p><input type="checkbox"/> Collector</p> <p><input type="checkbox"/> Classic</p> <p><input type="checkbox"/> Classic Motorcycle</p> <p><input type="checkbox"/> Pioneer</p> <p><input type="checkbox"/> Street Rod</p>
<p>SPECIAL PLATES *Requires annual contribution fee. See page 4</p> <p><input type="checkbox"/> ARO/CB (Must submit a copy of FCC license)</p> <p><input type="checkbox"/> Collegiate <input checked="" type="checkbox"/></p> <p><input type="checkbox"/> Critical Habitat* select one</p> <p><input type="checkbox"/> Anglers <input type="checkbox"/> Buck <input type="checkbox"/> Chickadee <input type="checkbox"/> Deer</p> <p><input type="checkbox"/> Ladyslipper <input type="checkbox"/> Loon <input type="checkbox"/> Moose</p> <p><input type="checkbox"/> Turkey <input type="checkbox"/> Pheasant</p> <p><input type="checkbox"/> Law Enforcement Memorial Association</p> <p><input type="checkbox"/> MN Golf*</p> <p><input type="checkbox"/> Remembering Victims of Impaired Drivers*</p> <p><input type="checkbox"/> *Start Seeing Motorcycles</p> <p><input type="checkbox"/> Support Our Troops*</p> <p><input type="checkbox"/> Van Pool <input type="checkbox"/> Limousine</p>	<p>ASSIGNED PLATE #</p> <p>ASSIGNED STICKER #</p> <p>DEPUTY PAID STAMP</p>	

SECTION B Check one: NEW DUPLICATE TRANSFER

SECTION C **INSURANCE:** Minn. Stat. § 169.798(4) Every owner, when applying for vehicle registration, re-registration, or transfer of ownership, must provide information showing that the vehicle is covered by an insurance policy. Required information consists of:

Company Name _____ Policy Number _____ Policy Expiration Date (mm/dd/yyyy) _____

SECTION D Describe below the vehicle on which special plates will be used.

MAKE	YEAR	VEHICLE IDENTIFICATION NUMBER	CURRENT PLATE #	CURRENT STICKER #	EXP. DATE

MONTH YEAR

SECTION E When transferring special plates, describe below the vehicle on which the plates had been used.

MAKE	YEAR	VEHICLE IDENTIFICATION NUMBER	SPECIAL PLATE #	EXP. DATE

MONTH YEAR

SECTION F List the contact information for the applicant.

NAME OF APPLICANT	DRIVER'S LICENSE/ID NUMBER	DATE OF BIRTH	REGISTRATION TAX PLATE FEE REPLACEMENT FEE ARO/CB or PERSONALIZATION FEE PLATE TRANSFER FEE TECH FEE CONTRIBUTION STATE FILING FEE TOTAL DUE
ADDITIONAL OWNER	DRIVER'S LICENSE/ID NUMBER	DATE OF BIRTH	
STREET ADDRESS	CITY	STATE	
		ZIP CODE	

SECTION G If special plates must be replaced, please check one reason below:
 Lost Destroyed Defective Never Received Stolen Damaged

SECTION H NOTICE: Personalized plates are limited to 7 characters except for motorcycles, 1-ton pick-up trucks, and RV's, which are limited to 6 characters (see instructions on back).

List 3 personalized plates in order of preference: (Or your ARO/CB call letters)

1st							
2nd							
3rd							

Explanation of choices:
NOTE: This MUST be completed or plates will not be issued.

SECTION I**AMATEUR RADIO OPERATOR / CB RADIO Minn. Stat. §168.12(2)**

The subscriber hereto applies for special amateur radio or citizens band plates for the passenger automobile described above and declares that he/she holds an official amateur radio or citizens band station license in good standing issued to him/her by the Federal Communications Commission.

Is this the first or second set of ARO plates ordered? 1st 2nd

ARO/CB Call Letters

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Date Federal Station License was issued _____

SECTION J**VOLUNTEER AMBULANCE ATTENDANT VERIFICATION Minn. Stat. § 168.12(2e)**

(Volunteer Ambulance Attendant is defined by Minn. Stat. § 144E.001(15) *See Instructions*)

"I certify that I am an active member of the organization for volunteer ambulance attendants identified below. I will immediately notify the Department of Public Safety upon the termination of my membership in this department or organization."

Department/Organization _____

Signature _____

Date _____

SECTION K**FIREFIGHTER VERIFICATION Minn. Stat. § 168.12(2b)**

A letter of authorization signed by the Fire Department Chief must be attached to the application for Firefighter plate issuance.

"I certify that I am an active member of the fire department identified below. I will immediately notify the Department of Public Safety upon the termination of my membership in this department or organization."

Department/Organization _____

Signature _____

Date _____

SECTION L**RETIRED FIREFIGHTER / LAW ENFORCEMENT VERIFICATION Minn. Stat. § 168.12(2g)**

A letter of authorization signed by the Fire/Police Chief must be attached to the application for plate issuance.

"I certify that I was a member of the department identified below in good standing for at least 10 years and now retired"

Department/Organization _____

Signature _____

Date _____

SECTION M**CERTIFICATION OF EX-P.O.W. STATUS Minn. Stat. § 168.125**

I certify that the applicant was a member of the military forces of the United States who was captured, separated and incarcerated by an enemy of the United States during a period of armed conflict.

Commissioner of MN Veteran's Affairs

SECTION N**COLLECTOR / STREET ROD / CLASSIC MC**

Vehicle used for general transportation that is owned or leased and registered in the name of owner/applicant listed below.

Personalized Collector Class: List plate # of vehicle applicant's name owned or leased for general transportation. **PLATE #:** _____

The following vehicles have the option of displaying one or two license plates:

- 1972 and older vehicles that are used for general transportation.

Please check the desired option:

- Vehicles registered in a collector class. Use this form for Personalized Collector Class Plates. One Plate Two Plates

SECTION O**TENNESSEN WARNING AND SIGNATURE**

What is the purpose of supplying the requested information?

The Department of Public Safety ("DPS") collects the information on this form for identification and record keeping purposes as required by the Minnesota Government Data Practices Act, Minn. Stat. § 13.04(2).

Am I required to provide the requested information?

You are not legally required to complete this form.

What will happen if I do not provide the requested information?

You can refuse, however, DPS may consider your application incomplete and not issue special plates.

Who will have access to the requested information?

DVS may disclose personal information when it relates to the operation or use of a vehicle or to public safety. The use of personal information relates to public safety if it concerns the physical safety or security of drivers, vehicles, pedestrians or property. The personal information you provide to apply for special plates is classified by U.S.C. § 2721 and the Minnesota Government Data Practices Act, Minn. Stat. § 13.69 and is subject to the disclosure in accordance with these laws.

ATTESTATION OF INSURANCE: Every owner, when applying for vehicle registration, re-registration, plates or transfer of ownership must attest that the vehicle is insured as required by Minnesota Statutes.

By signing this application you attest:

- That you have current vehicle insurance as required by Minnesota Statutes
- That proof of insurance will be carried in your vehicles at all times it is operated on public streets/roads/highways/freeways.
- That proof of insurance will be available on demand of Law Enforcement
- That proof of insurance will be available to any other vehicle owner involved with the vehicle in an accident.

I certify the special plates assigned to the described vehicle will be used only on that vehicle as long as it is in my possession. I will notify the department when the Special Plates are transferred to another vehicle.

X _____
APPLICANT'S SIGNATURE