



ASSIGNED PLATE #

ASSIGNED STICKER #

DEPUTY PAID STAMP

Application for Special Plates

SECTION A

SPECIAL PLATES

Critical Habitat*

Support Our Troops* Motorcycle
 Collegiate*

School Name: _____

Firefighter* Motorcycle
 Retired Firefighter* Motorcycle
 Remembering Victims of Impaired Drivers*
 Van Pool
 Volunteer Ambulance
 Other: _____

Limousine ARO/CB (Must submit a copy of FCC license)
 MN Golf*

MILITARY PLATES

Membership Document Required

National Guard
 Ready Reserve
 VFW* American Legion*
 Disabled American Veterans*

PERSONALIZED PLATES

Passenger Motorcycle
 Motorized Bicycle
 Vertical Motorcycle (4 char. limit)
 Collector Street Rod Classic
 Pioneer
 Classic Motorcycle

VETERAN PLATES

World War II Veteran*
 Korean Veteran*
 Vietnam Veteran* Motorcycle
 Persian Gulf Veteran* Motorcycle
 Iraq Veteran* Motorcycle
 Afghanistan Veteran* Motorcycle
 Woman Vet* Motorcycle
 GWOT Veteran* Motorcycle
 Expeditionary Medal Service Medal
 Laos (Allied Vet)*
 Ex-POW Veteran*
 Armed Forces Expeditionary Vet*
 Combat Wounded Veteran* Motorcycle
 Korean Defense Service Vet* Motorcycle
 "Proud To Be A Veteran"* Motorcycle
 Silver Star Vet* Bronze Star Vet*
 Pearl Harbor Survivor

DISABILITY PLATES

Select Standard Disability Plates Special Disability Plates (Denoted by an asterisk*)
 one: *Note: The specific plate within one of the special plate categories must also be checked in addition to Special Disability Plates above.*

SECTION B

Check one: NEW DUPLICATE TRANSFER

SECTION C

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

- 1972 and older vehicles that are used for general transportation.
- Vehicles registered in a collector class. Use this form for Personalized Collector Class Plates.

Please check the desired option: One Plate Two Plates

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

PLATE #: _____

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
ADDITIONAL OWNER	DRIVER'S LICENSE/ID NUMBER	DATE OF BIRTH
STREET ADDRESS	CITY	STATE ZIP CODE

REGISTRATION TAX
PLATE FEE
REPLACEMENT FEE
ARO/CB or PERSONALIZATION FEE
PLATE TRANSFER FEE
CONTRIBUTION
STATE FILING FEE
TOTAL DUE

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**

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.

_____ Date Federal Station License was issued

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

ARO/CB Call Letters

--	--	--	--	--	--	--	--	--	--

SECTION J**VOLUNTEER AMBULANCE ATTENDANT VERIFICATION**

(Volunteer Ambulance Attendant is defined by M.S. 144E.01, subd. 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**

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 VERIFICATION**

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

"I certify that I was a member of the fire 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**

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**DISABILITY LICENSE PLATES**

Please list the disability parking certificate number issued for a PERMANENT Disability: # _____

No further medical statement is necessary (Long-Term, Short-Term, & Temporary certificates do not qualify)

If you DO NOT have a parking certificate, you must complete an application for Disability Parking Certificate (PS2005) with the required Medical statement & signatures and attach to this form. Only a permanent mobility impairment will qualify.

I certify I own or primarily operate the described vehicle and I meet one or more of the definitions for Physically Disabled Person defined in statute.

Driver's License / ID Number	If the vehicle owner is the custodial parent or guardian of a permanently disabled minor or legal ward list name and date of birth below:
Signature of Disabled Applicant	

SECTION O

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

"I attest by this transaction that this vehicle is insured while operated upon the public roads as required by law. Proof of insurance will be carried in the vehicle." (See Section P for additional information)

_____ APPLICANT'S SIGNATURE

SECTION P**IMPORTANT - PLEASE READ**

Except for certain uses permitted by federal and state laws, personal information contained in your application may not be disclosed to anyone without your express consent. You may expressly consent to the disclosure of your personal information by writing to DVS.

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 the demand of Law Enforcement
- That proof of insurance will be available to any other vehicle owner involved with the vehicle in an accident