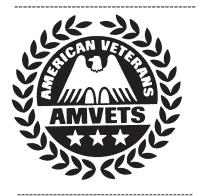


SERVING WITH PRIDE



AMVETSHeadquarters

Department of New Jersey Service Foundation Convention Corporation

415 Shore Road Somers Point, NJ 08244 Phone: 609-526-4356 Fax: 609-526-4659

E-mail: amvets@amvets-nj.org

Web Site: www.amvets-nj.org

AMVETS LICENSE PLATE ORDER FORM



Date:		
Name:		
Address:	· · · · · · · · · · · · · · · · · · ·	
Zip Code:		
Telephone: ()		
Post #:		

YOU MUST DO THE FOLLOWING

1. Complete Motor Vehicle Form, which is the transfer to your organizational plates. Complete front side and sign.

DO NOT FILL IN ORGANIZATIONAL NAME OR SIGN.

- 2. Provide us with a photocopy of your current Vehicle Registration.
- 3. Make a check, for the transfer fee to your new plates and the processing cost in the amount of \$35.00, payable to:

AMVETS Department of New Jersey

Return all material to: AMVETS Department of New Jersey, Headquarters, as shown below, to the left.

In approximately 3 to 4 weeks you will receive your new plates directly from New Jersey Department of Motor Vehicles by US Mail. All you will be required to do is to return your old plates to a Motor Vehicle Station.

Should you have any questions, please call Diane Glasser @ 609-526-4356.

FOR MVC USE ONLY	Approved	PLATE ISSUED	CLERK ID:	DATE:
REASON FOR REJEC	T:			



New Jersey Motor Vehicle Commission

Special Plate Unit P.O. Box 015 Trenton, New Jersey 08666-0015 609-292-6500 ext. 5061 EMAIL: NJMVCSPU@mvc.nj.gov

Application for License Plates Requiring Approved Authorization

This application must be completed by an applicant requesting organization license plates or a set of license plates that require approval from a designated authority. Please see the attached information sheet for required coordinators or authorized officials designated to sign for verification purposes.

Enter type of plate you are applying for:	Current Plate Number:						
Registration Expires Month Year			Full VIN Number of Vehicle				
Name of Registered Owner (please print or type)			Driver License Number / Corp Code				
Street Address Home Phone Number:			City		State Zip Code		
			Alternate Number:				
Your phon	e number will	only be used in t	he event there is a discrepan	cy with your applicati	ion.		
Vehicle Make	Year	BodyType	Weight Class	Color(s)	Model		
1. Have you ever been convicted of: a. N.J.S.A. 39:4-50, driving under the influence of alcohol or drugs or while ability impaired by alcohol or refusing to take a Breathalyzer test? b. N.J.S.A. 39:4-96, reckless driving? 2. Have you ever been convicted of N.J.S.A. 2C:11-5, death by auto or vessel? 3. Has your New Jersey driving privilege been revoked or suspended for any reason within the past two years?			YES	NO			
rganization plates may not be issued to you ears. If you answered "yes" to question 2, apply two years after the date your privilege to certify the statements on this application ammission within 15 days after my association	was restored are true and	d I understand	I must surrender the or	e. If you answered	"yes" to quest	ion 3, you ma	
gnature of Applicant	Date		Signature of Coord	dinator or Required A	uthority	Date	
			Title of Coordinate	or or Required Auth	ority		

Members of organizations requiring additional information as indicated on the information sheet, continue to page 2.