

**CUSTOM PLATE ORDER
 AND
 LOST, STOLEN, REPLACEMENT, EXCHANGE
 PLATE &/or DECAL APPLICATION**

County Number _____ County Name _____ Application Date _____

TRANSACTION TYPE (Check All that Apply)

- Lost Plate Stolen Plate Replacement Plate Special Plate App Disabled Parking Placard
 Lost Decal Stolen Decal Replacement Decal Special Plate Exchange Special Interest Collector's Number

Current Vehicle Type _____ Current Registration Type _____

Current Plate No. _____ Current Decal No. _____ Registration Expiration Date _____

OWNER'S NAME (Last, First, Middle Initial) _____ Relationship _____

Street _____ City _____ State _____ Zip _____

VEHICLE INFORMATION

Year _____ Make _____ VIN _____
 Model _____ Style _____ Gross Weight _____ Truck Class _____

LOST / STOLEN / REPLACEMENT / EXCHANGE INFORMATION

Reason: _____

New: Plate No. _____ Decal No. _____ Vehicle Type _____ Registration Type _____

SPECIAL PLATE APPLICATION: _____

Choices: 1st _____ 2nd _____ 3rd _____ 4th _____

ARO/FCC No. _____ Special Interest No. _____

Disabled Person's Name _____

Address _____ City _____ State _____ Zip _____

Disabled Parking Placard Type: Permanent Temporary ➔ Expiration Date of Original Temporary Placard _____

INSURANCE

Company Name _____

Policy Number _____

I hereby certify that I am a resident or have a bona fide place of business in this county and that I am an owner of and have in effect financial security for the aforementioned vehicle as required by law. I further certify that the information in this application is true and correct to the best of my knowledge and belief.

FALSE CERTIFICATION CAN RESULT IN CRIMINAL PROSECUTION

Owner's Signature(s) _____

Date _____

FEE SUMMARY

Personalized Plate Fee	\$ _____
Decal Fee	\$ _____
Reflectorized Plate Fee	\$ _____
Replacement Plate Fee	\$ _____
County Service Fee	\$ _____
County Miscellaneous	\$ _____
TOTAL	\$ _____

Completed application is to be submitted to your County Treasurer's Motor Vehicle Office.