

FOR MVC USE ONLY ISSUED	OK TO ISSUE	PLATE						<input type="checkbox"/> INITIAL <input type="checkbox"/> REACTIVATE <input type="checkbox"/> REISSUE <input type="checkbox"/> LPS	CLERK ID:	DATE:
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REASON FOR REJECT:



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

Select One:

- Agriculture
- Animal Friendly
- Battleship
- Baymen's Heritage
- Conquer Cancer
- Deborah Heart & Lung
- Fallen Law Enforcement
- Historic Preservation
- Liberty Park
- Meadowlands
- Olympic
- Organ Donor
- Pinelands
- Shade Tree
- Shore
- United We Stand
- Wildlife Eagle

PERSONALIZED PLATE APPLICATION FOR DEDICATED PLATE

Complete all sections of the application. Type or print clearly. Copy vehicle description exactly from the registration certificate. Show your choices in order of preference. Show preferred spacing for each choice (ABC D, ABCDE, A BCD, etc.) The plate is limited to 5 spaces and must contain a minimum of 3 alpha characters. If you have more than 4 choices, list the others on a separate sheet. Staple a photocopy of your current registration to this application and send a check or money order for \$100 payable to "NEW JERSEY MOTOR VEHICLE COMMISSION." **DO NOT SEND CASH.** If the registration is due for renewal, have it renewed at a local Motor Vehicle Agency before mailing the application.

Application must be completed and signed by the VEHICLE OWNER. If you answered "Yes" to question 1, personalized plates may not be issued to you if you were convicted of one or more of those listed offenses within the last 10 years. If you answered "Yes" to question 2, personalized plates can never be issued to you under motor vehicle law and/or regulation. If you answered "Yes" to question 3, you may apply two years after the date your privilege was restored. (Additional fee may apply)

1. Have you within the past 10 years been convicted of:
 - a. N.J.S.A. 39:4-50, driving while under the influences of alcohol or drugs or while ability is impaired by alcohol, or refusing to take a breathalyzer test? YES NO
 - b. N.J.S.A. 39:4-96, reckless driving? YES NO
2. Have you ever been convicted of N.J.S.A. 2C:11-5, death by auto? YES NO
3. Has your New Jersey driving privilege been revoked or suspended for any reason within the past two years? YES NO

REGISTRATION EXPIRES MONTH: YEAR:		FULL VEHICLE IDENTIFICATION NUMBER			
NAME OF REGISTERED OWNER			DRIVER LICENSE OR CORPCODE NUMBER		
STREET ADDRESS		CITY	STATE	ZIP CODE	
VEHICLE MAKE	YEAR	VEH TYPE	WEIGHT CLASS	COLOR	MODEL
BIRTH DATE	SEX	CURRENT PLATE NUMBER		OWNER'S CONTACT NUMBER	
I certify the statements made on this application are true.					
SIGN HERE:		EMAIL ADDRESS:		DATE:	

PLEASE CONSIDER YOUR CHOICE CAREFULLY.
A maximum of five spaces is allowed for any combination of letters, numbers and blanks.

Plate Choices	1 st	2 nd	3 rd	4 th
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Return the completed application and items listed below:

1. A photocopy of the current registration certificate.
2. A check or money order in the amount of \$100 made payable to NJMVC.

NO REFUNDS OR SUBSTITUTIONS ARE ALLOWED ONCE THE PLATES HAVE BEEN ORDERED FROM OUR VENDOR.

The annual renewal fee is \$10, except for Battleship plates, which are \$15, and Agriculture, which is free.