

AMVETS LICENSE PLATE ORDER FORM



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



**SERVING
WITH
PRIDE**



**AMVETS
Headquarters**

**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

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.
Leased vehicles are not applicable
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	<input type="checkbox"/> Approved	PLATE ISSUED						CLERK ID:	DATE:
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

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.

Section 1

Enter type of plate you are applying for:	Current Plate Number:
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Month	Registration Expires	Full VIN Number of Vehicle		
	Year			
Name of Registered Owner (please print or type)		Driver License Number / Corp Code		
Street Address		City	State	Zip Code
Home Phone Number:		Alternate Number:		

Your phone number will only be used in the event there is a discrepancy with your application.

Vehicle Make	Year	Body Type	Weight Class	Color(s)	Model
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This section should only be completed by all applicants applying for organization plates or press plates:

- | | YES | NO |
|--|--------------------------|--------------------------|
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. N.J.S.A. 39:4-96, reckless driving? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been convicted of N.J.S.A. 2C:11-5, death by auto or vessel? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has your New Jersey driving privilege been revoked or suspended for any reason within the past two years? | <input type="checkbox"/> | <input type="checkbox"/> |

Organization plates may not be issued to you if you were convicted of one or more of those offenses listed in question 1 within the last 10 years. If you answered "yes" to question 2, special plates cannot be issued to you at any time. If you answered "yes" to question 3, you may apply two years after the date your privilege was restored.

I certify the statements on this application are true and I understand I must surrender the organization license plates to the Motor Vehicle Commission within 15 days after my association with the organization is terminated.

Signature of Applicant

Date

Signature of Coordinator or Required Authority

Date

Title of Coordinator or Required Authority

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