

# 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**

**4202 Route 130, Suite 7-2B  
P.O. Box 2042  
Willingboro, NJ 08046  
Phone: 609-526-4356  
Fax: 609-526-4659**

**E-mail: [amvets@amvets-nj.org](mailto:amvets@amvets-nj.org)**

**Web Site: [www.amvets-nj.org](http://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. On back only, complete the areas in the two (2) boxes.

**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 \$20.00, payable to:

**AMVETS Department of New Jersey Service Foundation**

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, 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.

Yours in AMVETS,

**William F. Mead**  
State Department Adjutant (Executive Director)

**TO ORGANIZATION MEMBER:**

**INSTRUCTIONS: DO NOT DETACH THIS STUB.** Fill in your name and address on the other side. Complete all sections of the application. PRINT CLEARLY OR TYPE. Enter the vehicle description EXACTLY as it appears on the registration certificate. Vehicle MUST be owned or leased by the applicant. See information sheet.

**TO ORGANIZATION LIAISON:**

1. Assign plate number in right hand corner.
2. Sign the certification on the reverse side certifying that the applicant is a member.
3. Return the completed application to the EXACT address shown above together with: A PHOTOCOPY OF THE MEMBER'S CURRENT VEHICLE REGISTRATION CERTIFICATE, describing the vehicle on which these plates are to be placed.

**ORGANIZATION SPECIAL PLATE APPLICATION**

FOR DIVISION USE	ISSUED	COORDINATOR ASSIGN PLATE NUMBER	HERE →						
MONTH	REGISTRATION EXPIRES YEAR	NAME OF REGISTERED OWNER	FULL SERIAL NUMBER OF VEHICLE						
			DRIVER LICENSE NUMBER						
STREET ADDRESS		CITY	STATE	ZIP CODE					
VEHICLE MAKE	YEAR	VEH. TYPE	WEIGHT CLASS	COLOR	MODEL				
YOUR BIRTH DATE		SEX	PRESENT PLATE NUMBER						

I certify the statements on this application are true and I understand I must surrender the Organization license plates to Motor Vehicle Services within 15 days after my association with the Organization is terminated.  
 SIGN HERE X \_\_\_\_\_ DATE \_\_\_\_\_  
 Member's Signature ISM/SPU-116 (R12/97)

**Certification by Organizational Special Plate Liaison**

To: Director, Motor Vehicle Services, I the undersigned, do certify that the applicant named herein is a member of good standing in:

(Organization's Name) \_\_\_\_\_

NAME	CURRENT PLATE #
STREET ADDRESS	
CITY	STATE
ZIP CODE	

X \_\_\_\_\_  
 Signature of Organization Liaison

**INSTRUCTIONS**

**TO THE ORGANIZATION'S MEMBERS: ANSWER THE QUESTIONS BELOW.**

1. Have you ever been convicted of:
    - a. R.S.39:4-50 "operating a motor vehicle while under the influence of alcohol or drugs," or while "impaired" from use of alcohol? Yes  No
    - b. R.S.39:4-96 "reckless driving?" Yes  No
    - c. R.S.2A:113-9 "Killing by driving vehicle carelessly and heedlessly?" Yes  No
  2. Has your driving privilege been revoked or suspended for any reason within the past two years? Yes  No
- If you answer "yes" to any part of question 1, **DO NOT APPLY.** Special plates can never be issued to you under Motor Vehicle law and/or regulation.

Please fill in your name, address and zip code on this plate mailing stub.  
 Thank you.

NAME
STREET ADDRESS
CITY
STATE
ZIP CODE