NATIONAL POLICE DEFENSE FOUNDATION

CUSTOM PLATE ORDER FORM



ELIGIBILITY: You must be an **ACTIVE** member in the National Police Defense Foundation residing in New York State. Submission of any false information may result in the prevention and/or revocation of your privilege to have the National Police Defense Foundation plates under Section 392 of the Vehicle and Traffic Law, and regulations set forth by the Commissioner. This form will be accepted when accompanied by an accepted method of payment and the <u>General Consent for Release of Personal Information</u> is signed and notarized.

Standard plates consisting of three numbers ranging from 100-999 followed by the letters PDF will be assigned by DMV according to the next available number. There is a \$31.25 annual renewal fee in addition to your regular registration fee, which is billed every two years at the time of your renewal.

There is a \$62.50 annual renewal fee in addition to your regular registration fee, which is billed every two years at the time of your renewal.

NOTE: Of the initial cost, \$42 will be used to fund NPDF programs including "Safe Cop" and "Operation Kids" as well as cover an administrative processing fee. Please allow 4-6 weeks for delivery.

IF YOUR REGISTRATION EXPIRES IN 60 DAYS OR LESS, YOU MUST RENEW IT BEFORE YOU CAN APPLY FOR THESE PLATES. This plate is also available with the International Symbol of Access (ISA) [4] on it for any registrant with a disability who qualifies for such a plate.



New York State Department of Motor Vehicles APPLICATION FOR ORGANIZATION, COLLEGE, UNIVERSITY, FRATERNITY & SORORITY CUSTOM PLATES



www.nysdmv.com

IMPORTANT: Making a false statement in any registration application or in any proof of statements in connection with it, or deceiving or substituting in connection with this application, is a misdemeanor under Section 392 of the Vehicle and Traffic Law, and may also result in the revocation or suspension of the registration and/or the applicant's license pursuant to regulations established by the Commissioner. The act of renewing these plates shall constitute your certification that you remain eligible to continue holding these plates.

PLEASE PRINT INFORMATION BELOW	•		,	3		•
Which plate are you applying for?						
(Refer to the list on pages 1 and 2.) (Example: Association of Former	Troopers	, Knights of Colu	ımbu	s, Syracuse Universit	y, etc)	
Last Name	First				M.I.	Date of Birth (Month/Day/Year)
Address (Include Street Number and Name and/or Rural Delivery Box No.)	Apt. #	City			State	Zip Code
Signature (Sign Name in Full)	<u>.i.</u>			Date / /	Dayti	me Phone (include area code)
Current Plate Number Plate type:	Commerci	al Motorcycle	Vehi	cle Model Year		/ehicle Make
		•		on your new plates and you		t have it on your current plates, DMV web site.
l would like to apply for: I Standard plates (number assigned by DMV)	☐ Pers	onalized plate	:S	□ Ł ISA	Reque	ested (you must qualify)
The organization/college/university/fraternity/sorority emblen allowed for the letter/number combination. If the International up to three letter/ number combination choices. To show a spa	l Symbol ce, put a	of Access period (.) on the	is re	equired, only <u>five</u> space in the choice where y	ces are ou wa	allowed. You may provide
Personalized Motorcycle Plates (Blue Knights only						
The organization emblem or picture will be shown on the lecombination. If the International Symbol of Access in number combination choices. To show a space, put a period start	eft side of s required d (.) on t	d, only <u>three</u> sp he line in the ch	aces noice	are allowed. You ma	y prov	vide up to three letter/
For personalized plate combinations only. You right to reject, recall or cancel any plate that is deemed a lst Choice 2nd Choice 3rd Choice 3rd Choice 3rd Choice	objection	nable. This inclu	ıdes	plates that have alrea		
Payment Method: ☐ Check ☐ MasterCa ☐ Money Order ☐ Visa	ird _	Discover American Ex	xpre	Amount Encl	osed	\$
Name (as it appears on credit card)						
Card Account Number						
Billing Address					ec. Co	ode
Organization/College/University/Fraternity/Sorori						
Authorized Signature or Stamp	-				Date	
Return this completed form and payment to: Departm		otor Vehicles, C	usto		_	

MV-413 (9/09) PAGE 3 OF 3

Albany, NY 12220-0775