



## Application for Special Plates

### SECTION A

#### SPECIAL PLATES

- ☐ Critical Habitat\*
- ☐ Support Our Troops\* ☐ Motorcycle  
☐ Collegiate\*
- School Name: \_\_\_\_\_
- ☐ Firefighter\* ☐ Motorcycle  
☐ Retired Firefighter\* ☐ Motorcycle  
☐ Remembering Victims of Impaired Drivers\*  
☐ Van Pool  
☐ Volunteer Ambulance  
☐ Other: \_\_\_\_\_
- ☐ Limousine ☐ ARO/CB (Must submit a copy of FCC license)  
☐ MN Golf\*

#### MILITARY PLATES

##### Membership Document Required

- ☐ National Guard  
☐ Ready Reserve  
☐ VFW\* ☐ American Legion\*  
☐ Disabled American Veterans\*

#### PERSONALIZED PLATES

- ☐ Passenger ☐ Motorcycle  
☐ Motorized Bicycle  
☐ Vertical Motorcycle (4 char. limit)  
☐ Collector ☐ Street Rod ☐ Classic  
☐ Pioneer  
☐ Classic Motorcycle

#### VETERAN PLATES

- ☐ World War II Veteran\*  
☐ Korean Veteran\*  
☐ Vietnam Veteran\* ☐ Motorcycle  
☐ Persian Gulf Veteran\* ☐ Motorcycle  
☒ Iraq Veteran\* ☐ Motorcycle  
☐ Afghanistan Veteran\* ☐ Motorcycle  
☐ Woman Vet\* ☐ Motorcycle  
☐ GWOT Veteran\* ☐ Motorcycle  
☐ Expeditionary Medal ☐ Service Medal
- ☐ Laos (Allied Vet)\*  
☐ Ex-POW Veteran\*  
☐ Armed Forces Expeditionary Vet\*  
☐ Combat Wounded Veteran\* ☐ Motorcycle  
☐ Korean Defense Service Vet\* ☐ Motorcycle  
☐ "Proud To Be A Veteran"\* ☐ Motorcycle  
☐ Silver Star Vet\* ☐ Bronze Star Vet\*  
☐ Pearl Harbor Survivor

ASSIGNED PLATE #

ASSIGNED STICKER #

DEPUTY PAID STAMP

#### DISABILITY PLATES

- Select one:** ☐ Standard Disability Plates ☐ Special Disability Plates (Denoted by an asterisk\*)  
*Note: The specific plate within one of the special plate categories must also be checked in addition to Special Disability Plates above.*

### SECTION B

**Check one:** ☐ NEW ☐ DUPLICATE ☐ TRANSFER

### SECTION C

**INSURANCE:** MN Statute 169.78 Subd. 4 Every owner, when applying for vehicle registration, re-registration, or transfer of ownership, must provide information showing that the vehicle is covered by an insurance policy. Required information consists of:

AMERICAN FAMILY INSURANCE

41006-28270-40

08/13/2017

Company Name

Policy Number

Policy Expiration Date (mm/dd/yyyy)

### SECTION D

Describe below the vehicle on which special plates will be used.

MAKE	YEAR	VEHICLE IDENTIFICATION NUMBER	CURRENT PLATE #	CURRENT STICKER #	EXP. DATE
HYUNDAI	2015	5 X Y Z U D L B 2 F G 4 0 2 2 0	987PVV	V0141181	0 2 1 8
					MONTH YEAR

### SECTION E

When transferring special plates, describe below the vehicle on which the plates had been used.

MAKE	YEAR	VEHICLE IDENTIFICATION NUMBER	SPECIAL PLATE #	EXP. DATE
				MONTH YEAR

### SECTION F

List the contact information for the applicant.

NAME OF APPLICANT WILLIAM J CAPECCHI	DRIVER'S LICENSE/ID NUMBER E015033625706	DATE OF BIRTH 01/03/1984
ADDITIONAL OWNER STEPHANIE P CAPECCHI	DRIVER'S LICENSE/ID NUMBER Z726286137515	DATE OF BIRTH 09/24/1987
STREET ADDRESS 2754 PIERCE ST. NE APT 2	CITY MINNEAPOLIS	STATE MN
	ZIP CODE 55418	

### SECTION G

If special plates must be replaced, please check one reason below:

- ☐ Lost ☐ Destroyed ☐ Defective ☐ Never Received ☐ Stolen ☐ Damaged

### SECTION H

**NOTICE:** Personalized plates are limited to 7 characters except for motorcycles, 1-ton pick-up trucks, and RV's, which are limited to 6 characters (see instructions on back).

List 3 personalized plates in order of preference: (Or your ARO/CB call letters)

1st						
2nd						
3rd						

#### Explanation of choices:

NOTE: This MUST be completed or plates will not be issued.

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REGISTRATION TAX
PLATE FEE
REPLACEMENT FEE
ARO/CB or PERSONALIZATION FEE
PLATE TRANSFER FEE
CONTRIBUTION
STATE FILING FEE
<b>TOTAL DUE</b>

**SECTION I****AMATEUR RADIO OPERATOR / CB RADIO**

The subscriber hereto applies for special amateur radio or citizens band plates for the passenger automobile described above and declares that he/she holds an official amateur radio or citizens band station license in good standing issued to him/her by the Federal Communications Commission.

\_\_\_\_\_  
Date Federal Station License was issued

Is this the first or second set of ARO plates ordered? 1st ☐ 2nd ☐

**ARO/CB Call Letters**

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**SECTION J****VOLUNTEER AMBULANCE ATTENDANT VERIFICATION**

(Volunteer Ambulance Attendant is defined by M.S. 144E.01, subd. 15 **See Instructions**)

"I certify that I am an active member of the organization for volunteer ambulance attendants identified below. I will immediately notify the Department of Public Safety upon the termination of my membership in this department or organization."

\_\_\_\_\_  
Department/Organization

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SECTION K****FIREFIGHTER VERIFICATION**

**A letter of authorization signed by the Fire Department Chief must be attached to the application for Firefighter plate issuance.**

"I certify that I am an active member of the fire department identified below. I will immediately notify the Department of Public Safety upon the termination of my membership in this department or organization."

\_\_\_\_\_  
Department/Organization

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SECTION L****RETIRED FIREFIGHTER VERIFICATION**

**A letter of authorization signed by the Fire Department Chief must be attached to the application for Retired Firefighter plate issuance.**

"I certify that I was a member of the fire department identified below in good standing for at least 10 years and now retired"

\_\_\_\_\_  
Department/Organization

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SECTION M****CERTIFICATION OF EX-P.O.W. STATUS**

I certify that the applicant was a member of the military forces of the United States who was captured, separated and incarcerated by an enemy of the United States during a period of armed conflict.

\_\_\_\_\_  
Commissioner of MN Veteran's Affairs

**SECTION N****DISABILITY LICENSE PLATES**

Please list the disability parking certificate number issued for a PERMANENT Disability: # \_\_\_\_\_

No further medical statement is necessary (Long-Term, Short-Term, & Temporary certificates do not qualify)

If you DO NOT have a parking certificate, you must complete an application for Disability Parking Certificate (PS2005) with the required Medical statement & signatures and attach to this form. Only a permanent mobility impairment will qualify.

I certify I own or primarily operate the described vehicle and I meet one or more of the definitions for Physically Disabled Person defined in statute.

<b>Driver's License / ID Number</b>	If the vehicle owner is the custodial parent or guardian of a permanently disabled minor or legal ward list name and date of birth below:
<b>Signature of Disabled Applicant</b>	

**SECTION O****COLLECTOR / STREET ROD / CLASSIC MC**

Vehicle used for general transportation that is owned or leased and registered in the name of owner/applicant listed below.

**Personalized Collector Class:** List plate # of vehicle applicant's name owned or leased for general transportation. **PLATE #:** \_\_\_\_\_

**The following vehicles have the option of displaying one or two license plates:**

- 1972 and older vehicles that are used for general transportation.
- Vehicles registered in a collector class. *Use this form for Personalized Collector Class Plates.*

**Please check the desired option:**

☐ **One Plate** ☐ **Two Plates**

**SECTION P**

I certify the special plates assigned to the described vehicle will be used only on that vehicle as long as it is in my possession. I will notify the department when the Special Plates are transferred to another vehicle.

**X** \_\_\_\_\_

**APPLICANT'S SIGNATURE**

**IMPORTANT - PLEASE READ**

Except for certain uses permitted by federal and state laws, personal information contained in your application may not be disclosed to anyone without your express consent. You may expressly consent to the disclosure of your personal information by writing to DVS.