



US-NYS Chaplain Task Force

405 RXR Plaza, Uniondale, NY 11556 • (718) 749-8534 info@nysctf.org

APPLICATION FOR A VEHICLE IDENTIFICATION PLACARD

INSTRUCTIONS: Please fill out the application below. Submit a copy of your Driver's License, Vehicle Registration(s), and a Money Order or CC Authorization in the amount of \$150 per placard, along with your expired Vehicle Identification Placard(s) if renewing to the address above. ONLY ONE PLACARD ALLOWED IF VEHICLE IS NOT REGISTERED UNDER YOUR NAME.

Member I.D. No. _____ Driver's License No. _____ State: _____

Last Name: _____ First Name: _____ M.I. _____

Home Address: _____

State: _____ City: _____ Zip Code: _____

Mobile No. _____ Date of Birth: ____ / ____ / ____

Email: _____

LICENSE PLATE(S): You must submit a current copy of the vehicle registration(s) for each license plate number(s) listed below:

1. _____ Make: _____ Model: _____ Color: _____ Year: _____

2. _____ Make: _____ Model: _____ Color: _____ Year: _____

3. _____ Make: _____ Model: _____ Color: _____ Year: _____

DECLARATION: I declare, under the penalties of New York State Law, that statements contained herein are, to the best of my knowledge and belief, true and correct, and that I have not knowingly and willfully made a false statement or given information which I know to be false. I understand that any information given here will be shared only with those involved in the placard process, and with Law Enforcement Authorities, to the extent permitted or required by law.

Date: ____ / ____ / ____ Signature of Applicant: _____

-----Authorization for Credit Card Use-----

Name on Card: _____

Billing Address: _____ State: _____ Zip Code: _____

Credit Card Number: _____ Expiration Date: ____ / ____

Card Identification Number: _____ (3 digits on back of card/ 4 digits on front for Amex) Amount: \$ _____

I authorize NYSCTF/USCTF to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Signature: _____ Date: ____ / ____ / ____