



ASSIGNED PLATE # _____

ASSIGNED STICKER # _____

DEPUTY PAID STAMP _____

Application for Special Plates

SECTION A

SPECIAL PLATES

Critical Habitat*

Support Our Troops* Motorcycle

Collegiate*

School Name: _____

Firefighter* Motorcycle

Remembering Victims of Impaired Drivers*

Van Pool

Volunteer Ambulance

Other: _____

Limousine ARO/CB (Must submit a copy of FCC license)

MILITARY PLATES

Membership Document Required

National Guard

Ready Reserve

VFW* American Legion*

DAV*

VETERAN PLATES

World War II Veteran*

Korean Veteran*

Vietnam Veteran* Motorcycle

Persian Gulf Veteran* Motorcycle

Iraq Veteran* Motorcycle

Afghanistan Veteran* Motorcycle

GWOT Veteran* Motorcycle

Expeditionary Medal Service Medal

Combat Wounded Veteran*

Ex-POW Veteran*

Laos (Allied Vet)*

Silver Star Vet*

Bronze Star Vet*

Armed Forces Expeditionary Vet*

Korean Defense Service Vet* Motorcycle

"Proud To Be A Veteran"* Motorcycle

PERSONALIZED PLATES

Passenger Motorcycle

Motorized Bicycle

Vertical Motorcycle (4 char. limit)

Collector Street Rod Classic

Pioneer

Classic Motorcycle

DISABILITY PLATES

Select Standard Disability Plates

one: 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

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

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

PLATE #: _____

SECTION D

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

MAKE	YEAR	VEHICLE IDENTIFICATION NUMBER	CURRENT PLATE #	CURRENT STICKER #	EXP. DATE

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

SECTION F

List the contact information for the applicant.

NAME OF APPLICANT	DRIVER'S LICENSE/ID NUMBER	DATE OF BIRTH	
ADDITIONAL OWNER	DRIVER'S LICENSE/ID NUMBER	DATE OF BIRTH	
STREET ADDRESS	CITY	STATE	ZIP CODE

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

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.

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: _____ Call letters assigned: _____ If ARO Plates, is this the first or second set ordered? 1st 2nd

SECTION I**CERTIFICATION FOR LIMOUSINE PLATES**

Any application for limousine plates must include a certificate of insurance verifying that a valid commercial insurance policy is in effect, include name of insurance company, limits of liability, and policy number. *A specific form is available on ESupport for initial Limo plate applications.* "Limousine": unmarked luxury passenger automobile (not a van or station wagon) with seating for 12 persons or less, excluding the driver.

SECTION J**VOLUNTEER AMBULANCE / FIREFIGHTER VERIFICATION**

"I certify that I am an active member of the fire department or organization for volunteer ambulance attendants (as defined in M.S. 144E.01, Subd. 15) 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 _____

Firefighter plates additionally require a letter of authorization signed by the Fire Department Chief and attached to this application.

SECTION K**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 Veteran's Affairs

SECTION L

- If you have been issued a PERMANENT disability parking certificate, please list the number: _____ No further medical statement is necessary.
- If you **DO NOT** have a PERMANENT parking certificate, the Medical statement & signature below is required.
- I certify I own or primarily operate the above described vehicle and I meet one or more of the definitions described below.

Driver's License / ID Number	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:
Signature of Disabled Applicant	

SECTION M**MEDICAL STATEMENT**

Check which definition(s) the applicant meets to qualify for the disability license plates: **Note: Condition must be permanent.**

1. Applicant has a cardiac condition to the extent that the applicant's functional limitations are classified in severity as Class III or Class IV according to standards set by the American Heart Association;
2. Applicant uses portable oxygen;
3. Applicant has an arterial oxygen tension (PAO2) of less than 60mm/Hg on room air at rest;
4. The applicant is restricted by a respiratory disease to such an extent that the applicant's forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter;
5. The applicant has lost an arm or leg, and does not have or cannot use an artificial limb;
6. Because of the disability, applicant must use a wheelchair or cannot walk without the aid of; a walker; a cane; crutches; braces; a prosthetic device; or another person.*

Please specify:

7. Because applicant has a condition that would be aggravated to such an extent that walking 200 feet would be life threatening.* This condition is: _____
8. The applicant cannot walk 200 feet without stopping to rest.* This condition is: _____
9. The applicant cannot walk without a significant risk of falling.* This condition is: _____

PLEASE NOTE: Complete and accurate information regarding the disability must be provided. *Conditions 6 through 9 must specifically identify the diagnosis causing disability. Failure to provide complete and accurate information may result in a request for further medical information or the cancellation of the applicant's driving privilege.

To your knowledge, is the applicant qualified in all medical respects to exercise Yes No **If No, please specify:** _____

I certify, by my signature as a licensed physician, physician's assistant, advanced practice registered nurse or chiropractor that

_____, **(patient's name)** in my professional opinion is permanently disabled and meets the definition(s) I have checked above and is entitled to the applied for license plates. I would be guilty of a misdemeanor and subject to a fine of \$500 for fraudulently certifying the applicant.

Signature and Title	Date	Full Name (Health Care Professional)
Business Address (Street, City, State, Zip code)		Phone Number

SECTION N

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

"I attest by this transaction that this vehicle is insured while operated upon the public roads as required by law. Proof of insurance will be carried in the vehicle."
See Instructions.

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.

INSTRUCTIONS FOR APPLICATION

Please Read Thoroughly

Sections **A, B, C, D, F,** and **N** *must* be completed if applying for any category of special plates.

IN ADDITION:

If **transferring** special plates, complete Section **E**.

If **replacing** special plates, complete Section **G**.

If applying for **Personalized** or **ARO/CB** plates, complete Section **H**.

If applying for **Ambulance/Firefighter** plates, complete Section **J**. A letter of authorization is required for Firefighter plates.

If applying for **Ex-POW** plates, complete Section **K**.

If applying for **Disability** plates, Sections **L** and **M** must be completed.

If applying for **Personalized** collector, classic, pioneer, street rod or classic motorcycle plates indicate the plate number of another vehicle you own or lease and use for general transportation in section **C**.

Do not use this form to apply for standard Classic Motorcycle, Pioneer, Classic, Collector, or Street Rod class plates.

If applying for the use of original plates or standard collector class plates, form PS2000 must be completed.

Various special plates can be issued as disability plates and are listed in the special plates and veteran special plates columns in section "A" and noted with an asterisk ().*

NEW PERSONALIZED PLATES

Personalized plates are special plates issued to the owner of a motor vehicle for use only on that vehicle. Plates must have at least one letter but not more than seven characters total (a character is an upper-case letter, space, hyphen, or number.); a personalized plate may not display all numbers. Motorcycle, Motorized Bicycle (Moped), pickup trucks registered by gross weight, and recreational vehicle plates are limited to six characters. A vertical Motorcycle plate is limited to 4 characters and may not utilize a hyphen. One space or hyphen may be placed between adjoining characters (will be counted as a character, a space cannot be the first character). A personalized plate that offends public morals or decency may not be issued. Personalized plates cannot duplicate other existing plates or any plates in a numbering system used or reserved by the Driver and Vehicle Services Division.

The characters 1 (one) and I (the letter "I") and Ø (naval zero), 0 (zero) and O (oh) are deemed to be the same and may not be duplicated to create new combinations (e.g. "TIM and "T1M" are the same).

TRANSFER OF PERSONALIZED PLATES

When you transfer (sell) a motor vehicle, you may leave the plates on the transferred (sold) vehicle. You will lose the rights to those plates and the buyer of that motor vehicle will assume the rights. Please submit a statement that the plates are to remain with the vehicle.

You may transfer the personalized plates to another motor vehicle registered in your name. You must complete another personalized plate application showing the description of the vehicle on which the personalized plates will be displayed. It is your responsibility to obtain regular plates for the motor vehicle on which the personalized plates were used.

If you are transferring the plates to a different class vehicle, (e.g., transfer from passenger class to gross weight class) new plates are required and must fit the number of characters allowed for that new plate type.

RETENTION OF YOUR PERSONALIZED PLATES (Minnesota Rules section 7403.0950)

If you wish to retain the privilege of your combination you must keep current registration on the vehicle that the plates are displayed on as stated in M.S.168.12, subd. 2a. If you fail to maintain registration, you may lose your rights to that combination.

If you do not have another vehicle to place your personalized plates on, you may submit a letter requesting an extension (not to exceed one year) of your rights to that combination or you may lose your rights to that combination. All correspondence must be submitted to the Division at the address listed on the front of this form.

*OTHER Special Plates

This line in **Section A** exists to accommodate any special plate that is not represented on the form but has been authorized.

TRANSFER OF SPECIAL PLATES (Excluding Personalized and Disability Plates)

If the vehicle on which the special plates are now being used is sold, complete this application if you wish to transfer the special plates to another vehicle. It is your responsibility to obtain regular plates for the vehicle on which the special plates were used. If the expiration month and year on your special plates do not agree with the regular plates submitted, the special plates must be adjusted.

LIMOUSINE and COMMUTER VANPOOL

"Limousine" means an unmarked luxury passenger automobile that is not a van or station wagon and has a seating capacity of not more than 12 persons, excluding the driver. MN Rules 8880.0100.

Commuter vanpool means a prearranged ride-sharing arrangement in which seven to 16 persons travel together on a regular basis in a commuter van to and from their place of employment or to and from a transit stop authorized by a local transit authority.

DISABILITY PLATES

One set of disability license plates is allowed per owner or primary operator; An additional set of disability plates may be allowed by filling out the questionnaire from the State Council on Disability and attaching it to the application for review. No additional information is needed if the additional plate request is for a Motorcycle. Disability plates may be issued to a custodial parent or guardian of a permanently physically disabled minor (until age 18) or legal ward as defined in section 524.5-102, subd 17.

TRANSFER OF DISABILITY PLATES: If the vehicle on which the disability plates are now being used is sold, complete this application if you wish to transfer the disability plates to another vehicle. It is your responsibility to obtain regular plates for the vehicle on which the disability plates were used. If the expiration month and year on your disability plates do not agree with the regular plates submitted, the disability plates must be adjusted.

CONTRIBUTION PLATES

Contribution fees are in addition to any plate fee.

“PROUD TO BE A VETERAN”: A one-time minimum contribution of \$30 to benefit the WWII memorial fund is due with initial application. “Proud to be a Veteran” plate contribution is due only at the time of initial application.

“SUPPORT OUR TROOPS”: The minimum annual contribution is \$30. You may make an additional contribution by indicating the total amount in the space provided on application.

CRITICAL HABITAT PLATES: The minimum annual contribution is \$30. You may make an additional contribution by indicating the total amount in the space provided on application. Indicate your design choice in the space provided on page one.

COLLEGIATE PLATES: The minimum annual contribution for collegiate license plates is \$25 per year. You may make an additional contribution by indicating the total amount in the space provided on application. Indicate your design choice in the space provided on page one. *Please check with your institution of choice regarding participation in the special plate program or dvs.dps.mn.gov.*

Plate Contributions are collected at the time of initial application, and each time registration is renewed.

ELIGIBILITY REQUIREMENTS FOR VETERAN PLATES

In order to prove eligibility, veteran applicants are required to present a copy of their separation papers (DD 214 or *equivalent*) at the time of application. State law requires that these discharges be certified (bearing a raised impression of a seal or a statement attesting to their authenticity).

“Ex-POW” may have plates for one vehicle and must have certification from the commissioner of veterans affairs 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

DATES OF SERVICE AND ELIGIBILITY

WORLD WAR II: Served between DECEMBER 7, 1941 & DECEMBER 31, 1946

KOREA: Served between JUNE 27, 1950 & JANUARY 31, 1955

VIETNAM: Served between JULY 1, 1961 & JUNE 30, 1978

LAOS (Allied Vet): Served in the Laos War after July 1, 1961, and before July 1, 1978

Silver Star Vet, Bronze Star Vet: Applicant provides documentation they were awarded the Corresponding Medal

***PEARL HARBOR SURVIVOR:** Stationed on the island of Oahu or offshore on December 7, 1941 “Pearl Harbor Survivor” must have proof of eligibility for membership in a Pearl Harbor survivor’s organization.

VETERAN ORGANIZATION PLATES

American Legion, VFW Veterans of Foreign Wars, DAV Disabled American Veterans: Applicant presents membership card or other proof of membership in the organization.

KOREAN DEFENSE SERVICE VET, ARMED FORCES EXPEDITIONARY VET: Applicant provides documentation they were awarded the Corresponding Service Medal.

Gulf War: Served after August 1, 1990 during operation Desert Storm, Desert Shield or any other military operation in the Persian Gulf.

“PROUD TO BE A VETERAN”: Must be honorably discharged from a branch of the armed services. NO DATE OF SERVICE RESTRICTION.

AFGHANISTAN VETERAN: Honorably discharged recipient of the Afghanistan Campaign Medal.

IRAQ VETERAN: Honorably discharged recipient of the Iraq Campaign Medal.

Combat Wounded: Awarded the Purple Heart (May still be in active service)

GLOBAL WAR ON TERRORISM VETERAN (GWOT): Recipient of the Global War on Terrorism Expeditionary Medal or the Global War on Terrorism Service Medal.

NATIONAL GUARD: Regularly enlisted, commissioned, or retired member of the Minnesota National Guard (Provide military ID or other Document).

READY RESERVE: Member or retired member of the United States Armed Forces Ready Reserve (Provide military ID or other Document).

DISPOSAL OF PLATES: It is the responsibility of the applicant to properly dispose of any valid license plates assigned to the vehicle on which the special license plates will be displayed when the plates have been received. For your convenience, these plates may be returned to a deputy registrar for recycling.

ATTESTATION OF INSURANCE REQUIRED: Every owner, when applying for motor vehicle or motorcycle registration, re-registration, plates, or transfer of ownership, must attest that the motor vehicle or motorcycle is covered by an insurance policy as required by Minnesota Statutes.

By signing this application in **Section N**, you attest:

- “I have current vehicle insurance as required by Minnesota Statutes”
- “Proof of insurance will be carried in my vehicle at all times it is operated on public streets/ roads/ highways/ freeways”
- “Proof of insurance will be available on the demand of Law Enforcement”
- “Proof of insurance will be available to any other vehicle owner involved with the vehicle in an accident”

NOTICE: All data collected on a motor vehicle application is required by law. All disability information is considered private by law.

FEES: When returning this application by mail, the required fees, including filing fee must be included.

If you have further questions, contact the Driver & Vehicle Services Division.