

**CUSTOM PLATE ORDER  
 AND  
 LOST, STOLEN, REPLACEMENT, EXCHANGE  
 PLATE &/or DECAL APPLICATION**

County Number \_\_\_\_\_ County Name \_\_\_\_\_ Application Date \_\_\_\_\_

**TRANSACTION TYPE** (Check All that Apply)

- Lost Plate     Stolen Plate     Replacement Plate     Special Plate App     Disabled Parking Placard  
 Lost Decal     Stolen Decal     Replacement Decal     Special Plate Exchange     Special Interest Collector's Number

Current Vehicle Type \_\_\_\_\_ Current Registration Type \_\_\_\_\_

Current Plate No. \_\_\_\_\_ Current Decal No. \_\_\_\_\_ Registration Expiration Date \_\_\_\_\_

**OWNER'S NAME** (Last, First, Middle Initial) \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**VEHICLE INFORMATION**

Year \_\_\_\_\_ Make \_\_\_\_\_ VIN \_\_\_\_\_  
 Model \_\_\_\_\_ Style \_\_\_\_\_ Gross Weight \_\_\_\_\_ Truck Class \_\_\_\_\_

**LOST / STOLEN / REPLACEMENT / EXCHANGE INFORMATION**

**Reason:** \_\_\_\_\_

**New:** Plate No. \_\_\_\_\_ Decal No. \_\_\_\_\_ Vehicle Type \_\_\_\_\_ Registration Type \_\_\_\_\_

**SPECIAL PLATE APPLICATION:** \_\_\_\_\_

**Choices:** 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_

ARO/FCC No. \_\_\_\_\_ Special Interest No. \_\_\_\_\_

**Disabled Person's Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Disabled Parking Placard Type:**  Permanent  Temporary ➔ Expiration Date of Original Temporary Placard \_\_\_\_\_

**INSURANCE**

Company Name \_\_\_\_\_

Policy Number \_\_\_\_\_

I hereby certify that I am a resident or have a bona fide place of business in this county and that I am an owner of and have in effect financial security for the aforementioned vehicle as required by law. I further certify that the information in this application is true and correct to the best of my knowledge and belief.

FALSE CERTIFICATION CAN RESULT IN CRIMINAL PROSECUTION

Owner's Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

**FEE SUMMARY**

Personalized Plate Fee	\$ _____
Decal Fee	\$ _____
Reflectorized Plate Fee	\$ _____
Replacement Plate Fee	\$ _____
County Service Fee	\$ _____
County Miscellaneous	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

**Completed application is to be submitted to your County Treasurer's Motor Vehicle Office.**