

LICENSE PLATE APPLICATION

Girl Scout Version

Purpose: Use this form to request souvenir, standard, personalized or special license plates.

Instructions: Review the Additional Information Section on the back of this form. Return completed form, with the appropriate fee, to Janice Williams, Director of Special Projects, Girl Scouts of the Commonwealth of Virginia, P.O. Box 548, Mechanicsville, VA 23111. Your check of \$10 (non-personalized) or \$20 for personalized plates, **must** accompany the application.

PLATE INFORMATION

Application request: (check one) VEHICLE LICENSE PLATE SOUVENIR LICENSE PLATE TRANSFER EXISTING LICENSE

Type of plate: (check one)

STANDARD (Blue and White) LIGHTHOUSE

HERITAGE (Dogwood-Cardinal) SCENIC (Mountain To Seashore) SCENIC (Autumn) SCENIC (Patriot)

COLLEGE: _____ Locality: City County MILITARY _____
(No initials or Abbreviations) (No initials or Abbreviations)

SPECIAL INTEREST: _____ CLEAN FUEL _____
Year Make Model

OTHER _____ (Note: Some special plates require certification) (If an application for these plates is received by DMV on or after July 1, 2008, the vehicle displaying these plates will not be eligible for occupancy exemptions in the 1-95/395 HOV lanes).

Indicate your choices in order of preference. The maximum number of characters allowed for a heritage plate is 6 ½. Six characters are allowed for all other plates bearing logos. Plates with logos may sometimes accommodate an additional ½ space when personalized. Ask a DMV representative or create a plate on our website listed above to determine availability. A blank space and a dash are the only two characters that are 1/2 characters. An ampersand is considered a full character. Spaces, dashes, and ampersands cannot be used consecutively.

CHOICE

1 st									
2 nd									
3 rd									
4 th									

DMV USE ONLY

Enter Available Choice: _____
Fee: \$ _____

APPLICANT INFORMATION

OWNER'S NAME (last)	(first)	(mi)	DAYTIME TELEPHONE NUMBER ()	
CO-OWNER'S NAME (last)	(first)	(mi)	DAYTIME TELEPHONE NUMBER ()	
CURRENT MAILING ADDRESS	CITY	STATE	ZIP CODE	
CURRENT PLATE NUMBER	PLATE TYPE	PLATE EXPIRATION DATE		
VEHICLE TITLE NUMBER	VEHICLE IDENTIFICATION NUMBER			
IF PAYING BY CREDIT CARD, ENTER CAR NUMBER AND EXPIRATION DATE				

CERTIFICATION/SIGNATURES

I/We certify that (Check only **ONE** box)

This vehicle is insured with liability coverage by a company licensed to do business in Virginia. Coverage must be in effect at the time of application and must remain in effect as long as the vehicle is registered, even if the vehicle is not driven or is inoperable.

This vehicle is not insured, therefore, I am remitting the applicable uninsured motor vehicle fee.

Failure to comply with Virginia's insurance requirements will result in suspension of your driver's license and vehicle license plates. I certify that all information contained herein is true and correct. For a corporation, an authorized representative must sign.

APPLICANT'S SIGNATURE	DATE (mm/dd/yyyy)
CO-APPLICANT'S SIGNATURE	