

DONATE LIFE LIFE PASS IT ON CUSTOM PLATE ORDER FORM



Help increase awareness of the importance of organ and tissue donation by purchasing a set of these plates for your passenger or commercial vehicle. Twenty (\$20) of the \$25 annual fee will be deposited to the credit of the Life Pass It On Trust Fund and shall be used for organ donor and transplant research and educational programs promoting organ and tissue donation.

Standard Custom Plate Initial Cost.....\$43

Standard plates consisting of three numbers ranging from 100-999 followed by the letters LFE will be assigned by DMV according to the next available number. There is a \$25 annual renewal fee in addition to your regular registration fee, which is billed every two years at the time of your renewal.

Personalized Custom Plate Initial Cost.....\$68

There is a \$50 annual renewal fee in addition to your regular registration fee, which is billed every two years at the time of your renewal.

IF YOUR REGISTRATION EXPIRES IN 60 DAYS OR LESS, YOU MUST RENEW IT BEFORE YOU CAN APPLY FOR THESE PLATES.


This plate is also available with the International Symbol of Access (ISA)  on it for any registrant with a disability who qualifies for such a plate. Before submitting your application, please call the Custom Plates Unit at (518) 402-4838.



CUSTOM PLATE APPLICATION

APPLICATION FORM (Please print)

PLEASE ALLOW 4-8 WEEKS FOR PROCESSING.

I would like to order: Standard Plates for \$43 Personalized Plates for \$68*  ISA Requested (Must qualify)

**For personalized plates, you may select a combination of at least two (2) but no more than six (6) letters, numbers, and spaces or five (5) if the ISA is requested. Placement of the ISA is always in the last space. The first choice that is available will be ordered. You must include at least one letter. If you are using only one letter in your combination, please do not use I, O or Q.*

1st Choice 2nd Choice 3rd Choice

Current N.Y. State vehicle plate number _____ Class of Vehicle: Passenger Commercial

Name (as it appears on current registration): _____ Registration Expiration Date: _____

Last: _____ First: _____ Middle Initial: _____

Current Address: _____

Date of Birth: _____ Daytime phone number: __ (____) _____

Method of Payment: Check or money order (made payable to Commissioner of Motor Vehicles)
 MasterCard VISA American Express Discover

Name as it appears on credit card: _____

Credit Card # _____ Expiration Date: _____

Authorized Signature: _____

IMPORTANT: Making a false statement in any registration application or in any proof or statements in connection with it, or deceiving or substituting in connection with this application, is a misdemeanor under Section 392 of the Vehicle and Traffic Law, and may also result in the revocation or suspension of the registration and/or the applicant's license pursuant to regulations established by the Commissioner.

MAIL TO: NYS Department of Motor Vehicles, Custom Plates Unit, Room 231, 6 Empire State Plaza, Albany, NY 12228