



APPLICATION FOR SPECIAL ORGANIZATION REGISTRATION PLATE
(PLEASE ALLOW 4-6 WEEKS FOR DELIVERY)

For Department Use Only
Bureau of Motor Vehicles • PO Box 68293 • Harrisburg, PA 17106-8293

A VEHICLE DESCRIPTION AND APPLICANT INFORMATION (Complete this section exactly as information appears on current registration card.)

Title Number	Registration Plate Number	Expiration Date	Make of Vehicle	Year	
Last Name (or Full Business Name)	First Name	Middle Name	PA DL/Photo ID# or Bus. ID#	Date of Birth	Telephone Home () _____ Office () _____
Street Address - Must list a street address. P.O Box # alone is not acceptable.			City	State	Zip Code

NOTE: In conjunction with replacement of your plate, you will receive one registration card. If additional registration cards are desired, the fee is \$2 for each card. **Number of Duplicate Registration Cards Requested @ \$2 each** _____.

B TO BE COMPLETED BY ORGANIZATION OFFICIAL PA SOCIETY SONS OF AMERICAN REV. TAG TYPE: S1

NAME OF ORGANIZATION:

Name of Organization, Chapter, Post, Lodge, Employer, etc.

Street Address 9602 Milnor St	City Philadelphia	State PA	Zip Code 19114
---	-----------------------------	--------------------	--------------------------

C TO BE COMPLETED BY ORGANIZATION OFFICIAL (See special instructions on reverse.)

I certify that the individual named in Section A is a member in good standing of the organization listed in Section B.

J. Thomas Showler **License Plate Coordinator** _____
NAME OF ORGANIZATION OFFICIAL TITLE SIGNATURE

D

(Faint, illegible text and stamps)

E APPLICANT SIGNATURE

I certify that all information given on this application is TRUE and CORRECT and that when I cease to be a member of the above named organization, I will immediately return the registration plate to PennDOT.

X _____ _____
APPLICANT'S SIGNATURE IN INK DATE