



DRIVER AND VEHICLE SERVICES DIVISION  
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PS2010-07

ASSIGNED PLATE #

ASSIGNED STICKER #

# APPLICATION FOR SPECIAL PLATES

<b>SECTION A</b>	<b>VETERAN/MILITARY PLATES</b>	<b>PERSONALIZED PLATES</b>	<b>DEPUTY PAID STAMP</b>
<b>SPECIAL PLATES</b> <input type="checkbox"/> Collegiate * Name Of College _____ <input type="checkbox"/> Support Our Troops* <input type="checkbox"/> Firefighter * <input type="checkbox"/> Critical Habitat *  <input type="checkbox"/> Limousine <input type="checkbox"/> ARO/CB <input type="checkbox"/> Van Pool <input type="checkbox"/> Volunteer Ambulance <input type="checkbox"/> Other _____	<input type="checkbox"/> "Proud To Be A Veteran" * <input type="checkbox"/> World War II Veteran * <input type="checkbox"/> Korean Veteran * <input type="checkbox"/> Vietnam Veteran * <input type="checkbox"/> MC <input type="checkbox"/> Persian Gulf Veteran * <input type="checkbox"/> Iraq Veteran* <input type="checkbox"/> Afghanistan Veteran* <input type="checkbox"/> GWOT Veteran* <input type="checkbox"/> Combat Wounded * <input type="checkbox"/> Ex-Pow Veteran * <input type="checkbox"/> National Guard <input type="checkbox"/> Ready Reserve <input type="checkbox"/> VFW * <input type="checkbox"/> American Legion * <input type="checkbox"/> Allied Veteran (Laos) *	<input type="checkbox"/> Passenger <input type="checkbox"/> Motorcycle <input type="checkbox"/> Collector <input type="checkbox"/> Street Rod <input type="checkbox"/> Classic <input type="checkbox"/> Pioneer <input type="checkbox"/> Classic Motorcycle  Note – special plate category must also be checked if applicable  <b>Disability Plates</b> <input type="checkbox"/> Regular Plates <input type="checkbox"/> Special Disability Plates Denoted by an asterisk(*) Note – special plate category must also be checked.	

**SEC. B**      (CHECK ONE) →     **NEW**     **DUPLICATE**     **TRANSFER**

<b>SEC. C</b>	THE FOLLOWING VEHICLES HAVE THE OPTION OF DISPLAYING ONE OR TWO LICENSE PLATES: • 1972 and older vehicles that are used for general transportation. • Vehicles that qualify for pioneer, classic, and street rod classes that are used for general transportation. • Vehicles registered in a collector class.	PLEASE CHECK DESIRED CHOICE: <input type="checkbox"/> One Plate <input type="checkbox"/> Two Plates Vehicle that is owned or leased and used for general transportation Plate # _____
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<b>SEC. D</b>	Describe below the vehicle on which special plates will be used.															CURRENT PLATE #	EXPIRATION DATE					
	MAKE	YR	VEHICLE IDENTIFICATION NUMBER																			
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17		MONTH	YEAR
																				CURRENT STICKER #		

<b>SEC. E</b>	When transferring special plates, describe below the vehicle on which the plates had been used.															SPECIAL PLATE #	EXPIRATION DATE					
	MAKE	YR	VEHICLE IDENTIFICATION NUMBER																			
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17		MONTH	YEAR

<b>SEC. F</b>	PRINT NAME OF APPLICANT											REGISTRATION TAX											
	DL/ID NUMBER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	DOB: / /	PLATE FEE	
	ADDITIONAL OWNER											REPLACEMENT FEE											
	DL/ID NUMBER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	DOB: / /	ARO/CB OR PERSONALIZATION FEE	
	STREET ADDRESS						CITY				STATE			ZIP CODE			PLATE TRANSFER FEE						
																					CONTRIBUTION		
																						STATE FILING FEE	

<b>SEC. G</b>	If special plates must be replaced, please check reason below: ("X" one): <input type="checkbox"/> Lost <input type="checkbox"/> Destroyed <input type="checkbox"/> Defective <input type="checkbox"/> Never Received <input type="checkbox"/> Stolen <input type="checkbox"/> Damaged	<b>TOTAL DUE</b>
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<b>SEC. H</b>	<b>NOTICE:</b> Personalized plates are limited to 7 characters except for motorcycles, 1-ton pick-up trucks, and RV's, which are limited to 6 characters and veteran plates which are limited to 5 characters (4 for vet RVs & 1-ton pick-ups). (See instructions on back)																																																									
	List 3 personalized plates in order of preference: (Or your ARO/CB call letters.)																																																									
	1.																				2.																			3.																		

Explanation of choices (NOTE: This must be completed or application will be returned.)

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? 1<sup>st</sup>  2<sup>nd</sup>

<b>SEC. I</b>	<b>IMPORTANT - PLEASE READ</b> 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 THE ADDRESS AT THE TOP OF THIS FORM.
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<b>SEC. J</b>	<b>CERTIFICATION FOR LIMOUSINE PLATES</b>		
	This application must include a certificate of insurance verifying that a valid commercial insurance policy is in effect and give the name of the insurance company and the number of the insurance policy.		
<b>SEC. K</b>	<b>AMBULANCE/FIREFIGHTER VERIFICATION</b>		
	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.		
	_____	_____	_____
	DEPT./ORGANIZATION	SIGNATURE	DATE
<b>SEC. L</b>	<b>CERTIFICATION OF EX-P.O.W. STATUS</b>		
	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		
<b>SEC. M</b>	<p>1. If you have been issued a PERMANENT disability parking certificate, please list the number: _____ No statement is necessary.</p> <p>2. If you <b>DO NOT</b> have a PERMANENT parking certificate the Medical statement &amp; signature below is required.</p> <p>3. I certify I own or primarily operate the above described vehicle and I meet one or more of the definitions described below.</p> <p>4. I certify that I have no other vehicles with disability plates and no more than one disability certificate.</p>		
	Driver License / ID Number	If the vehicle owner is the custodial parent or guardian of a permanently disabled minor list the minor's name and date of birth below: _____	
	Signature of Disabled Applicant		
<b>SEC. N</b>	<b>MEDICAL STATEMENT</b>		
	Check which definition(s) the applicant meets to qualify for the disability license plates: <b>(Note: Condition must be permanent)</b>		
	<input type="checkbox"/> 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;		
	<input type="checkbox"/> 2. Applicant uses portable oxygen;		
	<input type="checkbox"/> 3. Applicant has an arterial oxygen tension (P <sub>A</sub> O <sub>2</sub> ) of less than 60mm/Hg on room air at rest;		
	<input type="checkbox"/> 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;		
	<input type="checkbox"/> 5. The applicant has lost an arm or leg, and does not have or cannot use an artificial limb;		
	<input type="checkbox"/> 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: _____		
	<input type="checkbox"/> 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 _____		
	<input type="checkbox"/> 8.* The applicant cannot walk 200 feet without stopping to rest. DISABILITY		
	<input type="checkbox"/> 9.* The applicant cannot walk without a significant risk of falling. DISABILITY		
	<b>PLEASE NOTE:</b> Complete and accurate information regarding the disability must be provided. *Conditions 6-9 must specifically identify the 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 reasonable and ordinary control over a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please specify _____		
	<b><u>A "NO" ANSWER MAY RESULT IN CANCELLATION OF DRIVING PRIVILEGE.</u></b>		
	<b><u>FAILURE TO ANSWER THIS QUESTION RESULTS IN A REQUEST FOR A MEDICAL REPORT.</u></b>		
	I certify, by my signature as a <u>licensed physician, physician's assistant, advanced practice registered nurse or chiropractor</u> that (patient's name) _____, in my professional opinion is <i>permanently disabled</i> 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 <b>\$500.00</b> for fraudulently certifying the applicant.		
	SIGNATURE AND TITLE	DATE	PRINT NAME (Health Care Professional)
	ADDRESS	TELEPHONE # (     )     -     _____	
<b>SEC. O</b>	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." <b>See Instructions.</b>		
	_____		
	APPLICANT'S SIGNATURE		

# INSTRUCTIONS FOR APPLICATION

**\*Please Read Thoroughly**

Sections A, B, C, D, F, and O **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 K.

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

If applying for **Disability** plates, complete Sections M and N.

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

If applying for the use of original plates or regular collector class plates, form PS2000 must be completed in lieu of the special plate application. Do not use this form to apply for regular collector class plates.

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

Embossed veteran series plates (*soldier "at arms" design*) are **NOT** available with disability logo.

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## 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, you may not apply for a plate that contains all numbers. Motorcycle, pickup trucks registered by gross weight, and recreational vehicle plates are limited to six characters. Personalized Veteran plates are limited to 5 characters. Personalized Veteran plates for pick-up trucks registered by gross weight and RV's are limited to 4 characters. One space or hyphen may be placed between adjoining characters (will be counted as a character). (A character is an upper-case letter, space, hyphen, or number.) Any personalized plate that could offend public morals or decency will not be issued. Personalized plates cannot, duplicate other personalized plates, special plates, or regular plates in a numbering system used or reserved by the Driver and Vehicle Services Division.

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

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## TRANSFER OF SPECIAL PLATES (EXCLUDING PERSONALIZED / DISABILITY)

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.

**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.

DISABILITY PLATES: One set of disability license plates per owner or primary operator  
(the disabled individual would also qualify for one disability parking certificate).

OR

- Two disability-parking certificates for disabled individual, and no disability license plates.  
Disability plates obtained due to the disability of a minor child may be displayed until the child is 18 years old.

## CONTRIBUTION PLATES

Contribution fees are in addition to any plate fee.

“PROUD TO BE A VETERAN”: A one time minimum contribution of \$30.00 to benefit the WWII memorial fund is due with initial application.

“SUPPORT OUR TROOPS”: The minimum annual contribution is \$30.00. 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 \$30.00. 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 \$25.00 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.

Critical Habitat, Support Our Troops, and collegiate plate contributions are due at the time of initial application, and each time registration is renewed.

“Proud to be a Veteran” plate contribution is due only at the time of initial application.

### 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

“Disabled Veteran” must have a letter from the VA that they have a service connected disability

“Pearl Harbor Survivor” must have proof of eligibility for membership in a Pearl Harbor survivor’s organization.

### DATES OF SERVICE AND ELIGIBILITY

<b>WORLD WAR II:</b> DECEMBER 7, 1941 TO DECEMBER 31, 1946	<b>PERSIAN GULF:</b> After August 1, 1990 during operation Desert Storm, Desert Shield, or any other military operation in the Persian gulf
<b>KOREA:</b> JUNE 27, 1950 TO JANUARY 31, 1955	<b>“PROUD TO BE A VETERAN”:</b> Must be honorably discharged from a branch of the armed services <b>NO DATE OF SERVICE RESTRICTION</b>
<b>VIETNAM ERA:</b> JULY 1, 1961 TO JUNE 30, 1978	<b>AFGHANISTAN VETERAN:</b> Awarded the Global War on Terrorism expeditionary medal and served in Afghanistan
<b>ALLIED (LAOS):</b> JULY 1, 1961 TO JUNE 30, 1978	<b>IRAQ VETERAN:</b> Awarded the Global War on Terrorism expeditionary medal and served in Iraq
<b>*PEARL HARBOR SURVIVOR:</b> STATIONED ON THE ISLAND OF OAHU OR OFFSHORE ON DECEMBER 7, 1941 <b>*NOTE-</b> <i>There is no box to check. Please write “Pearl Harbor Survivor” in Section A under “Other”</i>	<b>GLOBAL WAR ON TERRORISM VETERAN (GWOT):</b> Awarded the Global War on Terrorism expeditionary medal and served in the Philippines or was a Nat. Guard member assigned to provide airport security in accordance with presidential orders

**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 cancellation.

**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 you attest:

- That you have current vehicle insurance as required by Minnesota Statutes
- That proof of insurance will be carried in your vehicles at all times it is operated on public streets/ roads/ highways/ freeways
- That proof of insurance will be available on the demand of Law Enforcement
- That proof of insurance will be available to any 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.