



LICENSE PLATE APPLICATION

Instructions: Return this form, with the appropriate fees (check [made payable to MAPGA], Visa, MC and Amex accepted), to:
 Golfer License Plate
 c/o MAPGA
 1 PGA Drive
 Stafford, VA 22554

Your application will be sent to the DMV once the minimum of 350 pre-paid applications is received.

PLATE INFORMATION																																	
APPLICATION REQUEST: (check one) <input checked="" type="checkbox"/> VEHICLE LICENSE PLATE <input type="checkbox"/> SOUVENIR LICENSE PLATE <input type="checkbox"/> TRANSFER EXISTING LICENSE PLATE																																	
TYPE OF PLATE: (check one)																																	
<input type="checkbox"/> STANDARD (Blue and White) <input type="checkbox"/> LIGHTHOUSE <input type="checkbox"/> HERITAGE (Dogwood-Cardinal) <input type="checkbox"/> SCENIC (Mountain To Seashore) <input type="checkbox"/> SCENIC (Autumn) <input type="checkbox"/> SCENIC (Patriot) <input type="checkbox"/> COLLEGE: _____ Locality: <input type="checkbox"/> City <input type="checkbox"/> County _____ <input type="checkbox"/> MILITARY _____ <small>(No Initials or Abbreviations) (No Initials or Abbreviations)</small>																																	
<input checked="" type="checkbox"/> SPECIAL INTEREST: <u>GOLFER</u> <input type="checkbox"/> CLEAN FUEL _____ <small>(If organization has more than one license plate, specify design type) (If an application for these plates is received by DMV on or after July 1, 2006, the vehicle displaying these plates will not be eligible for occupancy exemptions in the I-95/395 HOV lanes.)</small>																																	
<input type="checkbox"/> OTHER _____ (Note: some special plates require certification) <small>(Any other plate not listed above)</small>																																	
<input type="checkbox"/> PERSONALIZED PLATES: (Check this box if you wish to personalize your vehicle or souvenir plate.) Indicate your choices in order of preference. The GOLFER plate has a maximum of Six (6) characters allowed. An ampersand is considered a full character. Spaces, dashes, and ampersands cannot be used consecutively.																																	
CHOICE (max. 6 characters) <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr><td>1st</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>2nd</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>3rd</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>4th</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	1 st								2 nd								3 rd								4 th								DMV USE ONLY Enter Available Choice: _____ Fee: \$ _____
1 st																																	
2 nd																																	
3 rd																																	
4 th																																	

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 CARD NUMBER AND EXPIRATION DATE (VISA, MC OR AMEX ONLY)			

CERTIFICATION/SIGNATURES	
I/We certify that (Check only ONE box)	
<input type="checkbox"/> 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.	
<input type="checkbox"/> This vehicle is not insured; therefore, I am remitting the applicable uninsured motor vehicle fee. This fee provides NO insurance coverage.	
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	DATE (mm/dd/yyyy)