



DRIVER AND VEHICLE SERVICES DIVISION
 445 MINNESOTA ST., SUITE 164
 ST. PAUL, MINNESOTA 55101-5164
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 FOR GENERAL INFORMATION: (651) 296-6911
 INTERNET: www.mndriveinfo.org

PS2010-04

ASSIGNED PLATE #

ASSIGNED STICKER #

APPLICATION FOR SPECIAL PLATES

SECTION A

SPECIAL PLATES

- COLLEGIATE *
NAME OF COLLEGE _____
- FIREFIGHTER *
- CRITICAL HABITAT * (DEER)
- CRITICAL HABITAT * (LOON)
- LIMOUSINE ARO/CB
- VAN POOL
- VOLUNTEER AMBULANCE
- OTHER _____

VETERAN/MILITARY PLATES

- "PROUD TO BE A VETERAN!" *
- PEARL HARBOR SURVIVOR
- WORLD WAR II VETERAN *
- KOREAN VETERAN *
- VIETNAM VETERAN *
- VIETNAM VETERAN MOTORCYCLE
- ALLIED VETERAN (LAOS) *
- PERSIAN GULF VETERAN *
- COMBAT WOUNDED *
- EX-POW VETERAN *
- AMERICAN LEGION *
- VETERAN OF FOREIGN WAR (VFW) *
- NATIONAL GUARD
- READY RESERVE

PERSONALIZED PLATES

- PASSENGER
- COLLECTOR
- STREET ROD
- CLASSIC
- CLASSIC MOTORCYCLE
- PIONEER

DISABILITY PLATES

- REGULAR PLATES
- SPECIAL DISABILITY PLATES DENOTED BY AN ASTERISK(*)
- NOTE - SPECIAL PLATE CATEGORY MUST ALSO BE CHECKED.

DEPUTY PAID STAMP

SEC. B

(CHECK ONE) → NEW DUPLICATE TRANSFER

SEC. C

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:

ONE PLATE TWO PLATES

VEHICLE THAT IS OWNED OR LEASED AND USED FOR GENERAL TRANSPORTATION

Plate # _____

SEC. D

Describe below the vehicle on which special plates will be used.

MAKE	YR	VEHICLE IDENTIFICATION NUMBER																CURRENT PLATE #	EXPIRATION DATE MONTH YEAR
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
																		CURRENT STICKER #	

SEC. E

When transferring special plates, describe below the vehicle on which the plates had been used.

MAKE	YR	VEHICLE IDENTIFICATION NUMBER																SPECIAL PLATE #	EXPIRATION DATE MONTH YEAR
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		

SEC. F

PRINT NAME OF APPLICANT					REGISTRATION TAX		
DL/ID NUMBER	-	-	-	-	DOB: / /	PLATE FEE	
ADDITIONAL OWNER					COLLECTOR VEHICLE FEE		
DL/ID NUMBER	-	-	-	-	DOB: / /	REPLACEMENT FEE	
STREET ADDRESS		CITY		STATE	ZIP CODE	ARO/CB OR PERSONALIZATION FEE	
						PLATE TRANSFER FEE	
						CONTRIBUTION	
						STATE FILING FEE	

SEC. G

If special plates must be replaced, please check reason below: ("X" one):

Lost Destroyed Defective Never Received Stolen Damaged

TOTAL DUE

SEC. H

NOTICE: Personalized plates are limited to seven characters except for motorcycles, pickup trucks registered by gross weight and recreational vehicles (RV's), which are limited to six characters. (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? 1st 2nd

SEC. I

IMPORTANT - PLEASE READ
 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.

SEC. J	CERTIFICATION FOR LIMOUSINE PLATES						
	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.						
SEC. K	AMBULANCE/FIREFIGHTER VERIFICATION						
	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.						
	<table style="width:100%; border:none;"> <tr> <td style="width:40%; border:none;">_____</td> <td style="width:30%; border:none;">_____</td> <td style="width:30%; border:none;">_____</td> </tr> <tr> <td style="text-align:center; border:none;">DEPT./ORGANIZATION</td> <td style="text-align:center; border:none;">SIGNATURE</td> <td style="text-align:center; border:none;">DATE</td> </tr> </table>	_____	_____	_____	DEPT./ORGANIZATION	SIGNATURE	DATE
_____	_____	_____					
DEPT./ORGANIZATION	SIGNATURE	DATE					
SEC. L	CERTIFICATION OF EX-P.O.W. STATUS						
	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						
SEC. M	<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 DO NOT have a PERMANENT parking certificate a Health Care Provider statement & 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> <table style="width:100%; border:none;"> <tr> <td style="width:50%; border:1px solid black; padding: 2px;">Driver License / ID Number</td> <td style="border:1px solid black; padding: 2px;">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:</td> </tr> <tr> <td style="border:1px solid black; padding: 2px;">Signature of Disabled Applicant</td> <td style="border:1px solid black; padding: 2px;">_____</td> </tr> </table>	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	_____		
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	_____						
SEC. N	HEALTH CARE PROVIDER STATEMENT						
	<p>Check which definition(s) the applicant meets to qualify for the disability license plates: (Note: Condition must be permanent)</p> <p><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;</p> <p><input type="checkbox"/> 2. Applicant uses portable oxygen;</p> <p><input type="checkbox"/> 3. Applicant has an arterial oxygen tension (P_AO₂) of less than 60mm/Hg on room air at rest;</p> <p><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;</p> <p><input type="checkbox"/> 5. The applicant has lost an arm or leg, and does not have or cannot use an artificial limb;</p> <p><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: _____</p> <p><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 _____</p> <p><input type="checkbox"/> 8.* The applicant cannot walk 200 feet without stopping to rest. DISABILITY _____</p> <p><input type="checkbox"/> 9.* The applicant cannot walk without a significant risk of falling. DISABILITY _____</p> <p>PLEASE NOTE: 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.</p> <p>To your knowledge, is the applicant qualified in all medical respects to exercise reasonable and ordinary control over a motor vehicle?</p> <p style="text-align:center;"><input type="checkbox"/> Yes <input type="checkbox"/> No If No, please specify _____</p> <p style="text-align:center;"><u>A "NO" ANSWER MAY RESULT IN CANCELLATION OF DRIVING PRIVILEGE.</u></p> <p style="text-align:center;"><u>FAILURE TO ANSWER THIS QUESTION RESULTS IN A REQUEST FOR A MEDICAL REPORT.</u></p> <p>I certify, by my signature as a licensed physician, physician's assistant, advanced practice registered nurse or chiropractor 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 \$500.00 for fraudulently certifying the applicant.</p> <table style="width:100%; border:none;"> <tr> <td style="width:50%; border:1px solid black; padding: 2px;">SIGNATURE AND TITLE</td> <td style="width:15%; border:1px solid black; padding: 2px;">DATE</td> <td style="width:35%; border:1px solid black; padding: 2px;">PRINT NAME (Health Care Provider)</td> </tr> <tr> <td style="border:1px solid black; padding: 2px;">ADDRESS</td> <td colspan="2" style="border:1px solid black; padding: 2px;">TELEPHONE # () -</td> </tr> </table>	SIGNATURE AND TITLE	DATE	PRINT NAME (Health Care Provider)	ADDRESS	TELEPHONE # () -	
SIGNATURE AND TITLE	DATE	PRINT NAME (Health Care Provider)					
ADDRESS	TELEPHONE # () -						
SEC. O	<p>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." SEE INSTRUCTIONS.</p> <p style="text-align:right;">_____</p> <p style="text-align:center;">APPLICANT'S SIGNATURE</p>						

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.

NEW PERSONALIZED PLATES

Personalized plates are special plates issued to the owner of a motor vehicle for use only on that vehicle. Those 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. However, motorcycle, pickup trucks, registered by gross weight, and recreational vehicle plates are limited to six characters. One space or hyphen may be placed between adjoining characters and only if six or less characters are used. (A character is an upper-case letter or a number.) Any personalized plate that could offend public morals or decency or for the purpose of commercial advertising will not be issued. Personalized plates cannot, duplicate other personalized plates, special plates, or regular plates in a numbering system used 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.

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 of 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 must submit a letter requesting an extension (not to exceed one year) of your rights to that combination or you will 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 new special plate that may have been authorized since the printing of the current form.

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.

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.

CONTRIBUTION PLATES

Contribution fees are in addition to any plate fee.

“PROUD TO BE A VETERAN!”: A one time minimum contribution to benefit the WWII memorial fund is due with initial 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.

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.

Critical Habitat 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).

*PEARL HARBOR SURVIVORS MUST ALSO HAVE PROOF OF ELIBILITY FOR MEMBERSHIP IN A PEARL HARBOR SURVIVOR'S ORGANIZATION.

DATES OF SERVICE AND ELIGIBILITY

WORLD WAR II: DECEMBER 7, 1941 TO DECEMBER 31, 1946	*PEARL HARBOR SURVIVOR: STATIONED ON THE ISLAND OF OAHU OR OFFSHORE ON DECEMBER 7, 1941
KOREA: JUNE 27, 1950 TO JANUARY 31, 1955	PERSIAN GULF: AFTER AUGUST 1, 1990 DURING OPERATION DESERT STORM, DESERT SHIELD, OR ANY OTHER MILITARY OPERATION IN THE PERSIAN GULF
VIETNAM ERA: JULY 1, 1961 TO JUNE 30, 1978	“PROUD TO BE A VETERAN!”: MUST BE HONORABLY DISCHARGED FROM A BRANCH OF THE ARMED SERVICES (NO DATE OF SERVICE RESTRICTION)
ALLIED (LAOS): JULY 1, 1961 TO JUNE 30, 1978	

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 or the central office 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 insurance as required by Minnesota Statutes
- That proof of insurance will be carried in your vehicles at all times
- That proof of insurance will be available on the demand of any Peace Officer
- 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.