sTATE OF RHODE ISLAND

## DIVISION OF MOTOR VEHICLES

Plate Office
600 New London Avenue
Cranston, RI 02920-3024
DMV.PlateOffice@dmv.ri.gov
www.dmv.ri.gov

Save a stamp and time, and order your charity design online at www.ri.gov/DMV/plate_remake/

## APPLICATION FOR CHARITY LICENSE PLATES

NOTE: You must include a current copy of your registration when applying for a charity plate.

| PLATE OWNER (Please print true full name of current plate owner) |  | *ALL INFORMATION BELOW IS REQUIRED* |
| :---: | :---: | :---: |
| LAST NAME (or Business Name) | FIRST NAME | DL/CDL/ID NUMBER |
| MAILING ADDRESS | CITY | STATE ZIP CODE |
| E-MAIL ADDRESS |  | TELEPHONE ( ) |
| CURRENT ACTIVE PLATE NUMBER |  | ATE DESIGN: (Ocean, Sailboat, etc) |
| PLATE TYPE (passenger, combination | mercial) |  |

I WOULD LIKE TO PURCHASE THE FOLLOWING CHARITY PLATE:
Please include check or money order made out to RIDMV for $\$ 42.50$ for initial order or $\$ 32.50$ for a remake. Mail all to the DMV address above. Please check one box \& circle one plate type (if choice is offered).

Plate design will be:
$\square$ Atlantic Shark Institute (Passenger or Combination)Audubon Society of RI/Save the Bay (Passenger: Maximum 5 characters)Beavertail Lighthouse Museum Association (Passenger)Boston Bruins Foundation (Passenger)Bristol Fourth of July Committee (Passenger)Friends of the Plum Beach Lighthouse (Passenger: Maximum 5 characters)Gaspee Days Committee (Passenger)Gloria Gemma Breast Cancer Resource Foundation (Passenger)New England Patriots Charitable Foundation (Passenger or Commercial: Maximum 5 characters)Providence College (Passenger)
$\square$ Red Sox Foundation (Passenger or Commercial: Maximum 5 characters)
$\square$ RI Community Food Bank (Passenger: Maximum 5 characters)
$\square$ Rocky Point Foundation (Passenger)
$\square$ Wildlife Rehabilitators Association of RI (Passenger)


## WHEN YOUR NEW CHARITY PLATES ARE READY:

The DMV will mail them to you, along with a new registration certificate and new registration stickers, at your address indicated above. Please destroy or recycle your old plates.

## SIGNATURE REQUIRED FROM ALL APPLICANTS

By completing and submitting this form, applicant consents to the Rhode Island Division of Motor Vehicles sharing the information provided with the charitable organization selected. Such information includes, but is not limited to, the applicant's name, address, telephone number, and/or email address.

I certify (or declare) under penalty of perjury under laws of Rhode Island, that the foregoing is true and correct.

