

Distinctive Plate License Plate Certification

REGISTRATION INFORMATION:

VIN Number _____
Type of Application [] Renewal
[] A - Auto OR T - Truck (Registered for 20,000 lbs. Or less) OR M - Motorcycle
[] New Registration (Newly Acquired Vehicle)

Certification Expires: _____
Month Year

Owner Information:

Vehicle Owner's OR Leasee's Printed/Typed Name (Last, First, MI) _____ Daytime Phone Number _____

Address _____ City _____ State _____ Zip _____

- Certification valid for issuance of one special license plate for the vehicle listed above.
- Current Kansas registration required. Vehicle may be registered in the name of one or more owners or leasees, but one of the owners or leasees must be properly authorized by the foundation/association shown below.
- The name on this certificate must also appear on the vehicle title and registration.
- Requests for special plate numbers will not be honored.
- Current fees, payable at the time of registration, will include personalized/specialty plate fee of \$40.00, payable once every five years, plus a one-time reflectorized plate fee of \$0.50; annual regular registration fee, personal property taxes; sales tax, if applicable, and a \$3.00 county service fee.
- Proof of eligibility: Documentation of eligibility is subject to verification by the Division of Vehicles. The following verification statement must be signed and stamped by the authorized representative of the foundation/association.
- This certification must be presented to the County Treasurer when originally applying for said specialty license plate or renewing the registration on an existing specialty license plate.

I verify that the applicant identified above is a department member. ACTIVE RETIRED

DEPARTMENT VERIFICATION:

Signature of Fire Chief or Authorized Representative _____ Date _____



Name of Foundation/Association: Kansas State Firefighters Association

I certify that the applicant identified above is authorized to obtain one specialty license plate.

Zach Golemboski _____
Signature of Authorized Representative Date

Zach Golemboski _____
Print or Type Name Title of Authorized Representative

Original copy of this certification to County Treasurer