



<b>SEC. I</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. J</b>	<b>VOLUNTEER AMBULANCE/ FIREFIGHTER VERIFICATION</b>						
	<b><u>A letter of authorization signed by the Fire Department Chief must be attached to the application for Firefighter plate issuance.</u></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."  <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					
<b>SEC. K</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.  <p style="text-align: right;">_____</p> <p style="text-align: right;">COMMISSIONER OF VETERAN'S AFFAIRS</p>						
<b>SEC. L</b>	<ol style="list-style-type: none"> <li>1. If you have been issued a PERMANENT disability parking certificate, please list the number: _____ No further medical statement is necessary.</li> <li>2. If you <b>DO NOT</b> have a <b>PERMANENT</b> parking certificate the Medical statement &amp; signature below is required.</li> <li>3. I certify <i>I own or primarily operate</i> the above described vehicle and I meet one or more of the definitions described below.</li> </ol> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%; padding: 5px;">Driver License / ID Number</td> <td style="width: 50%; padding: 5px;">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="padding: 5px;">Signature of Disabled Applicant</td> <td style="padding: 5px;">_____</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	_____		
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Signature of Disabled Applicant	_____						
<b>SEC. M</b>	<b>MEDICAL STATEMENT</b>						
	<p>Check which definition(s) the applicant meets to qualify for the disability license plates: <b>(Note: Condition must be permanent)</b></p> <ul style="list-style-type: none"> <li><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;</li> <li><input type="checkbox"/> 2. Applicant uses portable oxygen;</li> <li><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;</li> <li><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;</li> <li><input type="checkbox"/> 5. The applicant has lost an arm or leg, and does not have or cannot use an artificial limb;</li> <li><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.</li> </ul> <p>Please specify: _____</p> <ul style="list-style-type: none"> <li><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 _____</li> <li><input type="checkbox"/> 8.* The applicant cannot walk 200 feet without stopping to rest. <b>DISABILITY</b></li> <li><input type="checkbox"/> 9.* The applicant cannot walk without a significant risk of falling. <b>DISABILITY</b></li> </ul> <p><b>PLEASE NOTE:</b> Complete and accurate information regarding the disability must be provided. *Conditions 6-9 must specifically identify the diagnosis causing 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please specify _____</p> <p>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.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%; padding: 5px;">SIGNATURE AND TITLE</td> <td style="width: 15%; padding: 5px;">DATE</td> <td style="width: 35%; padding: 5px;">PRINT NAME (Health Care Professional)</td> </tr> <tr> <td style="padding: 5px;">ADDRESS</td> <td colspan="2" style="padding: 5px;">TELEPHONE # ( ) -</td> </tr> </table>	SIGNATURE AND TITLE	DATE	PRINT NAME (Health Care Professional)	ADDRESS	TELEPHONE # ( ) -	
SIGNATURE AND TITLE	DATE	PRINT NAME (Health Care Professional)					
ADDRESS	TELEPHONE # ( ) -						
<b>SEC. N</b>	<b>APPLICANT'S SIGNATURE</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>  <p style="text-align: right;">_____</p> <p style="text-align: right;"><b>APPLICANT'S SIGNATURE</b></p>						
<b>SEC. O</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 DVS.						

# INSTRUCTIONS FOR APPLICATION

**\*Please Read Thoroughly**

Sections **A, B, C, D, F,** and **N** 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 **J**.

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

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

If applying for **Personalized** collector, classic, pioneer, street rod or classic motorcycle plates indicate the plate number of another vehicle 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 and are listed in the special plates and veteran special plates columns in section "A" and noted with an asterisk (\*).

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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. A vertical Motorcycle plate is limited to 4 characters and may not utilize a hyphen. 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).***

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## 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.

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## 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.

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## \*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 AND DISABILITY PLATES)

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; An additional set of disability plates may be obtained with permission from the State Council on Disability

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.

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

Please check with your institution of choice regarding participation in the special plate program or MNdriveinfo.org.

Plate Contributions are collected at the time of initial application, and each time registration is renewed.

**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

<b>DATES OF SERVICE AND ELIGIBILITY</b>	
<b>WORLD WAR II:</b> Served between DECEMBER 7, 1941 & DECEMBER 31, 1946	<b>Gulf War:</b> Served after August 1, 1990 during operation Desert Storm, Desert Shield or any other military operation in the Persian Gulf.
<b>KOREA:</b> Served between JUNE 27, 1950 & 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 :</b> Served between JULY 1, 1961 & JUNE 30, 1978	<b>AFGHANISTAN VETERAN:</b> Honorably discharged recipient of the Afghanistan Campaign Medal.
<b>LAOS (Allied Vet):</b> Served in the Laos War after July 1, 1961, and before July 1, 1978 *Note – There is no box to check on form. <i>Please write “Allied Vet” in Section A under “Other”</i>	<b>IRAQ VETERAN:</b> Honorably discharged recipient of the Iraq Campaign Medal.
<b>*PEARL HARBOR SURVIVOR:</b> Stationed on the island of Oahu or offshore on December 7, 1941 “Pearl Harbor Survivor” must have proof of eligibility for membership in a Pearl Harbor survivor’s organization.	<b>Combat Wounded:</b> Awarded the Purple Heart (May still be in active service)
<b>VFW/ American Legion/ DAV:</b> Applicant provides membership card or other proof	<b>GLOBAL WAR ON TERRORISM VETERAN (GWOT):</b> Recipient of the Global War on Terrorism Expeditionary Medal or the Global War on Terrorism Service Medal.
<b>Silver Star/ Bronze Star/ Korean Defense Service/ Armed Forces Expeditionary:</b> Awarded Corresponding Service Medal	<b>National Guard:</b> Regularly enlisted, commissioned, or retired member of the Minnesota National Guard
	<b>Ready Reserve:</b> Member or retired member of the United States Armed Forces Ready Reserve

**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 recycling.

**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 other 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.