



**APPLICATION FOR SPECIAL ORGANIZATION REGISTRATION PLATE**  
(PLEASE ALLOW 4-6 WEEKS FOR DELIVERY)

*For Department Use Only*  
Bureau of Motor Vehicles • PO Box 68293 • Harrisburg, PA 17106-8293

**A VEHICLE DESCRIPTION AND APPLICANT INFORMATION** (Complete this section exactly as information appears on current registration card.)

|  |                      |                    |                             |               |  |
|--|----------------------|--------------------|-----------------------------|---------------|--|
| Title Number   | Current Reg. Plate # | Current Expiration | Make of Vehicle             | Year          |  |
| Last Name (or Full Business Name)  | First Name           | Middle Name        | PA DL/Photo ID# or Bus. ID# | Date of Birth | Telephone Home ( ) _____<br>Office ( ) _____ |
| Street Address - Must list a street address. P.O. Box # alone is not acceptable. |                      |                    | City                        | State         | Zip Code                                     |

**NOTE:** In conjunction with replacement of your plate, you will receive one registration card. If additional registration cards are desired, the fee is \$1.50 for each card. **Number of Duplicate Registration Cards Requested @ \$1.50 each** \_\_\_\_\_.

**B TO BE COMPLETED BY ORGANIZATION OFFICIAL**

**NAME OF ORGANIZATION:** DELTA SIGME THETA SORORITY **TAG TYPE:** GF

Name of Organization, Chapter, Post, Lodge, Employer, etc.

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**C TO BE COMPLETED BY ORGANIZATION OFFICIAL** (See special instructions on reverse.)

I certify that the individual named in Section A is a member in good standing of the organization listed in Section B.

\_\_\_\_\_  
NAME OF ORGANIZATION OFFICIAL TITLE SIGNATURE

**D OPTIONAL PERSONALIZATION REQUEST** (NOTE: Additional \$100 Fee Required.)

Personalized registration plate choices may contain up to FIVE letters or numbers in combination. **ONLY** one hyphen or space is permitted, but not both. (If no hyphen or space is requested, one block will remain blank.) No other special characters are available. Please print clearly. Additional instructions and fees are listed on the reverse side of this application. **NOTE:** The pre-printed, shaded, stacked boxes are characters specific to this registration plate and cannot be changed.

|   |               |              |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |
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| FIRST CHOICE  | SECOND CHOICE | THIRD CHOICE |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |   |
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**E APPLICANT SIGNATURE**

I certify that all information given on this application is TRUE AND CORRECT and that when I cease to be a member of the above named organization, I will immediately return the registration plate to PENNDOT.

X \_\_\_\_\_  
APPLICANT'S SIGNATURE IN INK DATE