

# LICENSE PLATE APPLICATION

**Purpose:** To request your Reston License Plate (Special Interest Plate, \$10), and as an option, to request that it be personalized (\$10).

**Instructions:** To order your Reston Plate (Special Interest Plate) complete this DMV License Plate Application Form, Make your check out to the Reston Citizens Association in the amount of \$10, and submit it along with this application to: Reston Citizens Association, P. O. Box 2851, Reston, VA 20195. Please note, should you desire to personalize your Reston Plate, please complete the "Personalized Plate" section below and increase your check amount to \$20. Should you have any questions please call Dan McGuire (703) 620-9879, RCA License Plate Chairman.

## APPLICATION TYPE (check one)

- VEHICLE LICENSE PLATES
  VEHICLE LICENSE PLATES - DISABLED
  SOUVENIR LICENSE PLATES
  TRANSFER EXISTING LICENSE PLATES

## LICENSE PLATE TYPE REQUESTED (check one)

- STANDARD (Blue and White)
  LIGHTHOUSE
  HERITAGE (Dogwood-Cardinal)
- SCENIC (Mountain To Seashore)
  SCENIC (Autumn)
  SCENIC (Patriot)
- COLLEGE: \_\_\_\_\_ Locality:  City  County \_\_\_\_\_  MILITARY \_\_\_\_\_  
(No initials or abbreviations) (No initials or abbreviations)
- SPECIAL INTEREST: RESTON CITIZENS ASSOCIATION  CLEAN FUEL \_\_\_\_\_  
(Organization Name - If organization has more than one license plate, specify design type) Vehicle Year Make Model  
(Review the Clean Fuel License Plates section on the reverse side of this form.)
- OTHER \_\_\_\_\_ (Note: some plates require certification)  
(Any plate not listed above)
- PERSONALIZED LICENSE PLATES: To request a personalized vehicle or souvenir plate, review the Personalized License Plates Policy on the reverse side of this form. Check this box and enter your choices below.

### PERSONALIZED LICENSE PLATE CHOICES

1st									
2nd									
3rd									
4th									

### DMV USE ONLY

AVAILABLE CHOICE

FEE

\$

## APPLICANT INFORMATION

OWNER'S NAME (last)	(first)	(mi)	DAYTIME TELEPHONE NUMBER ( )	
CO-OWNER'S NAME (last)	(first)	(mi)	DAYTIME TELEPHONE NUMBER ( )	
CURRENT MAILING ADDRESS	CITY	STATE	ZIP CODE	
CURRENT PLATE NUMBER	PLATE TYPE	PLATE EXPIRATION DATE		
VEHICLE TITLE NUMBER	VEHICLE IDENTIFICATION NUMBER			
IF PAYING BY CREDIT CARD, ENTER CARD NUMBER AND EXPIRATION DATE				

## CERTIFICATION/SIGNATURES

I/We certify that (Check only **ONE** box)

- This vehicle is insured with liability coverage by a company licensed to do business in Virginia. Coverage must be in effect at the time of application and must remain in effect as long as the vehicle is registered, even if the vehicle is not driven or is inoperable.
- This vehicle is not insured; therefore, I am remitting the applicable uninsured motor vehicle fee. This fee provides NO insurance coverage.

Failure to comply with Virginia's insurance requirements will result in suspension of your driver's license and vehicle license plates.

I/We further certify and affirm that all information presented in this form is true and correct, that any documents I/we have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I/We make this certification and affirmation under penalty of perjury and I/we understand that knowingly making a false statement or representation on this form is a criminal violation.

For a corporation, an authorized representative must sign.

APPLICANT SIGNATURE	DATE (mm/dd/yyyy)
CO-APPLICANT SIGNATURE	DATE (mm/dd/yyyy)