



**APPLICATION FOR HONORING OUR VETERANS  
SPECIAL FUND REGISTRATION PLATE**

**For Department Use Only**  
Bureau of Motor Vehicles • P.O. Box 67900 • Harrisburg, PA 17106-7900

**PLEASE CHECK (✓) TYPE OF PLATE REQUESTED:**

- Honoring Our Veterans Standard Registration Plate (HL) - Fee: \$35
- Honoring Our Veterans Motorcycle Registration Plate (JK) - Fee: \$35

**Check One:** Leased Vehicle:  YES  NO

**NOTE:** If the vehicle is a leased vehicle, Form MV-1L, "Application for Lessee Information," must be completed and attached. Form MV-1L is available on our website at [www.dmv.pa.gov](http://www.dmv.pa.gov).

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

|   |                 |                               |                                |               |
|---|-----------------|-------------------------------|--------------------------------|---------------|
| Title Number  |                 | Vehicle Identification Number |                                |               |
| Registration Plate Number                           | Expiration Date | Make of Vehicle               | Year                           |               |
| Last Name (or Full Business Name)                   | First Name      | Middle Name                   | PA DL/Photo ID#<br>or Bus. ID# | Date of Birth |
| Co-Owner Last Name                                  | First Name      | Middle Name                   | PA DL/Photo ID#                | Date of Birth |
| Street Address                                      |                 | City                          | State                          | Zip Code      |
| Telephone Number: (Home) ( ) _____ (Work) ( ) _____ |                 |                               |                                |               |

**NOTE:** In conjunction with replacement of your plate, you will receive one registration card. If additional registration cards are desired, the fee is \$2 for each card. **Number of Duplicate Registration Cards Requested @ \$2 each** \_\_\_\_\_.

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

The number of allotted letters or numbers in combination varies depending on the selected registration plate type. **Pre-printed letter configurations or designated letter(s) appear on personalized registration plates based on the type of plate requested.** Please see the reverse side of this application for additional information. **Only one hyphen or space is permitted as part of the available spaces for personalization.** No other special characters are available. Please print clearly.

|   |   |   |
|---|---|---|
| FIRST CHOICE  | SECOND CHOICE   | THIRD CHOICE  |
| <div style="border: 1px solid black; width: 100px; height: 40px; display: flex; justify-content: space-between;"><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div></div> | <div style="border: 1px solid black; width: 100px; height: 40px; display: flex; justify-content: space-between;"><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div></div> | <div style="border: 1px solid black; width: 100px; height: 40px; display: flex; justify-content: space-between;"><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div></div> |

**C APPLICANT SIGNATURE**

I/We hereby certify under penalty of law that ALL information contained herein is TRUE and CORRECT and that I/we understand that any misstatement of fact is a misdemeanor of the third degree punishable by a fine up to \$2,500 and/or imprisonment up to 1 year (18 Pa.C.S. Section 4904[b]).

|                                 |               |                                    |               |
|---------------------------------|---------------|------------------------------------|---------------|
| _____<br>Signature of Applicant | _____<br>Date | _____<br>Signature of Co-Applicant | _____<br>Date |
|---------------------------------|---------------|------------------------------------|---------------|