


















## Application for Remanufacturing License Plates



The purpose of this application is to convert your current personalized or courtesy plate message onto a dedicated plate choice from the plates listed below or to switch from one dedicated design to another. The Specialty Designs currently available are as follows:

<b>Agriculture</b> 	<b>Animal Friendly</b> 	<b>Battleship</b> 	<b>Baymen's Heritage</b> 	<b>Conquer Cancer</b> 
<b>Deborah Heart &amp; Lung</b> 	<b>Fallen Law Enforcement</b> 	<b>Historic Preservation</b> 	<b>Liberty Park</b> 	<b>Meadowlands</b> 
<b>Olympic</b> 	<b>Organ Donor</b> 	<b>Pinelands</b> 	<b>Shade Tree</b> 	<b>Shore</b> 
<b>United We Stand</b> 	<b>Wildlife Eagle</b> 			

Please indicate your choice of the "Dedicated Specialty Plate" you are requesting to remake with the graphic design of your current plate. A maximum of five (5) spaces is allowed for any Personalized/Courtesy with a design. This includes letters, numbers, and spaces.

Current License Plate Number: \_\_\_\_\_ Design Type Requesting: \_\_\_\_\_

Please staple a photocopy of your **current** registration on this application. If your registration will expire within 60 days, please renew it before submitting this application. Enclose a check or money order in the amount of \$61.00\* made payable to: NJMVC (**do not send cash**). Indicate the license plate number below, exactly from left to right. Include spaces, for example:

N	/	I	C	E		S	H	O	R	E
					Enter Your Plate Number Here					

**\*The annual cost to renew all categories is \$10 in addition to the standard registration fees except for Battleship which is \$15. The plates you have ordered are custom-made, therefore please allow 10 to 12 weeks for processing and delivery.**

Name: _____		
Address: _____		
City: _____	State: _____	Zip Code: _____
Signature: _____		Date: _____
Telephone Number: (H) _____ (C) _____ Email: _____		
<i>Your phone number will only be used to contact you in case of a discrepancy with your application.</i>		
<b>Mail in Application:</b>		
Mail this application, fee, copy of ID(s), and supporting documentation (if applicable) to:		
<b>Management Operations Services</b> <b>Special Plate Unit</b> <b>225 East State Street</b> <b>P.O. Box 015</b> <b>Trenton, NJ 08666</b> <b>609-292-6500 ext. 5061</b>		
<b>Motor Vehicle Commission Use Only:</b>		
Clerk ID:	Reason for Rejecting:	Date: