Organizations use this form to create and sponsor a special license plate series. Email this completed form and required documents to psdcpcontracts@dol.wa.gov or mail to:

## Special Plate Contract Manager, MS 48111, Department of Licensing, PO Box 9020, Olympia WA 98507-9020

## Required documents:

$\square$ Proposed license plate design using the template and design criteria provided by DOL, see dol.wa.gov
$\square$ Marketing strategy-short- and long-term plans for marketing the new plate series
$\square$ Financial statement showing estimated income and planned expenses from the sale of the special license platesLegislative sponsor and contact informationDraft legislation creating the new plate seriesDocumentation of the organization's eligibility
$\square$ Signature sheets (form 420-736) with vehicle owners intending to purchase the special plates (minimum of 3,500 plates)
After we complete our review of your documents, we will notify you. Once we grant preliminary approval, you will receive further instructions. Incomplete applications will be returned.
Additional information, including license plate design requirements, is available on our website at dol.wa.gov. If you have questions, email us at psdcpcontracts@dol.wa.gov.

## Organization information

| TYPE or PRINT Organization name |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| Organization address, City, State, ZIP code |  |  |  |  |
| (Area code) Phone number | (Area code) Fax number | Employer Identification | umber (EIN) | Washington UBI number |
| Contact name |  | Contact (Area code) Phone number ${ }^{\text {Email }}$ |  |  |
| Type of agency and elibility (choose one) <br> Non-government organization-to be eligibile, you must answer "Yes" to each of the following questions and attach supporting documentation. <br> Is your non-government organization: <br> 1. A nonprofit organization, as defined in 26 USC Sec. 501(c)(3)? Yes <br> 2. A charitable organization with the Washington Secretary of State's Office, as required by law? $\square$ Yes $\square$ No <br> 3. Located in Washington State? $\qquad$ Yes No |  |  |  |  |
| Previous application <br> Have you previously filed an application with this office? Yes No If "Yes" when? |  |  |  |  |

I declare I am authorized to sign this application on behalf of the organization, have received permission for any copyrighted, patented or trademark material, and the foregoing information and all attachments are true and correct.

TYPE or PRINT Name of authorized organization signer

## Title

TYPE or PRINT Legislative sponsor name

Title
TD-420-734 (R/12/19)WA

X Print completed form - Sign here.
Authorized organization signature Date and place signed.
Date and place signed
X Legislative sponsor: Sign here.
Legislative sponsor signature
Date and place legislative sponsor signed.
Date and place signed

