

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

Special License Plate Series Application

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: Proposed license plate de Marketing strategy-short- Financial statement showi Legislative sponsor and composed license plate de Draft legislation creating to Documentation of the orgation of the orgati	and long-term plaing estimated inconcentact information he new plate series anization's eligibility (0-736) with vehicle of your document	ns for mar ne and pla s y e owners in	keting the new platened expenses from tending to purchase notify you. Once we	te series m the sale se the spe	e of the special license plat	
Additional information, include				ble on ou	r website at dol.wa.gov.	
If you have questions, email						
Organization information	on					
TYPE or PRINT Organization name						
Organization address, City, State, ZIF	o code					_
(Area code) Phone number (Area code) Fax number			Employer Identification	number (EINI)	Washington UBI number	4
(Area code) Phone number (Area code) Fax number		ı	Employer identification i	iumber (Em)	washington obi number	
Contact name		Contact (Are	ea code) Phone number	Email		
Type of agency and elibility (choose of Non-government organ and attach supporting do	nization-to be eligi	ibile, you r	must answer "Yes"	to each o	f the following questions	
2. A charitable organizati	on, as defined in 26 on with the Washin	gton Secre	etary òf State's Offi	ce, as rec	□ Yes □ N quired by law? □ Yes □ N □ Yes □ N	o
☐ Government body—to be the executive body of yo ☐ Political subdivision, ir or special purpose tax ☐ Federally recognized to ☐ State agency ☐ Community college or ☐ Previous application	ur agency to spons ncluding, but not lin ing district ribal government technical college	sor a plate nited to, ar	(attach written app	oroval). n, municip	oal corporation,	
Have you previously filed a	n application with t	his office?	☐ Yes ☐ No If	"Yes" who	en?	
I declare I am authorized to copyrighted, patented or trad						
TYPE or PRINT Name of authorized or		Authorized organization signature				
Title			Date and place signed			
			X			
TYPE or PRINT Legislative sponsor name			Legislative sponsor signature			
Title			Date and place signed			