GROUP RECOGNITION LICENSE PLATE PLATE ISSUANCE YEAR

AUTHORIZATION TO OBTAIN PLATE 2024

PLATE NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VIN NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(LAST 3 DIGITS ONLY**)**

COUNTY OF RESIDENCE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INDIVIDUAL OR BUSINESS NAME VEHICLE IS REGISTERED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Telephone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AUTHORIZED SPECIAL GROUP NAME: INDIANA SHRINE ASSOCIATION

APPLICANT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE READ THE FOLLOWING**:

1. You must submit an original validated application for each new plate. NO PHOTOCOPIES ACCEPTED.
2. Vehicles may be registered or leased in the name of one or more owners, but one of the owners or leasers must be a member of the special authorized group.
3. Special number requests cannot be accommodated.
4. Fees: $15.00 (per year, per plate) for special recognition plates payable to the Bureau of Motor Vehicles at the time of registration in addition to the other annual registration fees. There will be a cost of $10.00 (per year, per plate) to Murat Shrine for the validated license plate application form.
5. Documentation of eligibility is subject to verification and review by the Bureau. The authorized organization representative must sign the following statement.

**PLEASE CHECK ONE OF THE FOLLOWING**:

1 Form $10.00\_\_\_\_\_2 Forms $20.00\_\_\_\_\_3 Forms $30.00\_\_\_\_\_ 4 Forms $40.00\_\_\_\_\_Other $\_\_\_\_\_\_\_\_\_

**Make check payable to the Murat Shriners**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*DO NOT WRITE BELOW THIS LINE\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

I verify that the applicant listed above is authorized to receive the group recognition license plate indicated and has paid all fees as required by our organization.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Shrine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GROUP USE ONLY**

**VALID ONLY IF SIGNED IN ORIGINAL INK**