

NYS Fraternal Order of Police License Plate Program

Mail to: NYS Fraternal Order of Police, 911 Police Plaza, Hicksville, NY 11801

ELIGIBILITY: You must be an **ACTIVE** member in NYSFOP. for **Two** years. residing in NYS. No more than two plates per member
A copy of your **LAW ENFORCEMENT ID** and **VEHICLE REGISTRATION** MUST BE SUBMITTED with the order form. The Plate And
Registration Must be in the **Active Members Name**. The submission of any false information may result in the prevention and/or revocation of your
privilege to have FOP plates. Eligibility will be verified. This is the only form that will be accepted when accompanied with applicant's current
registration, personal check or money order and the General Consent for Release Personal Information signed and notarized.

Please Print

Current Vehicle Plate # _____ Expires _____ Vehicle Make: _____ Model _____ Year _____

Name (as it appears on current registration)

Last _____ First _____ Middle _____ Date of Birth ____ / ____ / ____

Street _____ County _____ Tel # (9am-4pm) () _____

City _____ State ____ Zip _____

Member No. _____ Lodge No. _____

Standard NYSFOP Plate as it appears here. Numbers letters will vary.

Cost: \$100.00 (\$40 of this initial cost will be retained by the organization to be used for scholarship & administration). All annual renewals are handle by the NYS Department of Vehicles.



Personalized NYSFOP Plate as it appears above (*without the FOP in vertical format*), with any combination of numbers, letters and blanks not to exceed 6 spaces. **Cost: \$131.25** (\$40 of this cost will be retained by the organization to be used for scholarship & administration. After the first year, annual renewals are handle by the NYS Department of Vehicles. Enter up to three choices in order of preference, put a period (.) on the line in the choice where you want the space. Allow 4-6 weeks for delivery.

1st choice _____ 2nd choice _____ 3rd choice _____

REQUIRED	<p>For personalized plate combinations only. You must explain the meaning of your letter/number combination. DMV reserves the right to reject, recall or cancel any plate that is deemed objectionable, including plates that have already been issued.</p> <p>1st Choice _____</p> <p>2nd Choice _____</p> <p>3rd Choice _____</p>
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I would like to order: _____ Standard Plates \$100.00, _____ Personalized Plates \$131.25

Payment Methods: Check or Money Order should be made payable to NYS Fraternal Order of Police

New York State Department of Motor Vehicles

GENERAL CONSENT FOR RELEASE OF PERSONAL INFORMATION

I _____, authorize the New York State Department of Motor Vehicles to disclose or otherwise make available to NYSFOP, my name, address, plate number and registration information during the time period in which I hold NYSFOP Member plates issued by DMV.

Motorist's Signature _____

STATE OF _____ COUNTY OF _____

On this _____ day of _____ before me personally appeared _____
(1st,2nd) (Month) (Year)

to me known and who by being duly sworn, acknowledged to be person described in and who executed the foregoing consent and he/she duly acknowledged to me that he/she executed the same.

Notary Public