



STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTOR VEHICLES
APPLICATION FOR SPECIALTY LICENSE PLATE

Date of Application _____

PLEASE CONTACT YOUR LOCAL COUNTY TAX COLLECTOR'S OFFICE, LICENSE PLATE AGENCY
OR REFER TO THE BACK OF THIS FORM FOR FEE INFORMATION.

OWNER / APPLICANT IDENTIFICATION

Owner's Name _____ Date of Birth _____
Street Address _____ Contact Number _____
City _____ State _____ Zip _____
Owner D/L Number _____ Owner's Email Address _____ @ _____

VEHICLE INFORMATION

Current License Plate Number _____ Vehicle Type _____ Vehicle Make _____
Year _____ Color _____ Title Number _____ Insurance Company _____ Policy Number _____

CERTIFICATION

This is to certify that I am the registered owner or lessee of the motor vehicle referenced above.
I authorize my name, address and renewal date to be provided to the organization sponsoring the specialty license plate selected.
Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

Signature: _____

LICENSE PLATE GIFT

Giver's Name _____ Date of Birth _____
Street Address _____ City _____ State _____ Zip _____
Giver's D/L Number _____ Contact Number _____
Receiver's Name _____ Date of Birth _____
Street Address _____ City _____ State _____ Zip _____
Email Address _____ @ _____ Contact Number _____

LICENSE PLATE SELECTION

Enter the type of specialty license plate requested DONATE ORGANS. PASS IT ON.



Please make a nonrefundable \$25.00 check payable to the Trail Auto Tag Agency. The agency will then contact you with the exact amount of fees due (Specialty Plate Licensing Fee and County/ State Charges and Taxes). If you have any questions, please call Gloria at 305-644-2088.

FEES AND INSTRUCTIONS

The Transplant Foundation would like to thank you for making this purchase. If this is the first time you order a specialty license plate, there are additional costs that will be incurred in addition to your regular renewal fee which must be included to obtain your plate. The breakdown of the fees are as follows:

Donate Organs, Pass It On, Plate	\$25.00
One Time Plate Renewal Fee	\$10.00
Agency Processing Fee	\$ 5.00
(Agency will be donating back to Foundation)	
Customary County & State Fees	Varies
Tag Renewal (including other taxes)	Varies

You don't have to wait for your renewal period to purchase a new plate. Contact Trail Auto Tag Agency for further details at 305-644-2088.

GIFT INSTRUCTIONS

Please fill out the License Plate Gift Section from this form and mail it with a check for \$25.00 to Trail Auto Tag Agency.

Donate Organs, Pass It On. \$25.00

The Trail Auto Tag Agency will then send the Gift Recipient a Gift Voucher valid for 13 months with details on how to obtain their "Donate Organs, Pass It On," Specialty License Plate.

We have tried to make purchasing this plate as convenient as possible by offering several convenient alternatives:

- The **Donate Organs, Pass It On**, License plate can be purchased through our website at www.transplantfoundation.org.

- By phone: For further information call Trail Auto Tag at **305-644-2088. Ask for Gloria.**

- You can visit Trail Auto Tag Agency. There will be no line or waiting to process your "Donate Organs, Pass It On," Specialty License Plate. Or you can mail this application with your \$25 payment to:

"Donate Organs, Pass It On."
Trail Auto Tag Agency
2517 SW 8th Street
Miami, FL 33135

Please include with this application a check or money order in the amount of \$25.00 payable to Trail Auto Tag Agency. They will then begin to process your paperwork. This fee is not refundable.

Trail Auto Tag Agency
2517 S.W. 8th Street
Miami, FL 33135

**DONATE ORGANS.
PASS IT ON.**

**APPLICATION
FOR SPECIALTY
LICENSE PLATE**



transplant *foundation, inc.*

701 SW 27th Avenue
Suite 705
Miami, FL 33135

Phone: 305-817-5645
Toll Free: 866-901-3172
Fax: 305-541-6500
E-mail: ysdelomon@med.miami.edu

NEED
POSTAGE