MVA

APPLICATION FOR A DISABLED AMERICAN VETERAN LICENSE PLATE

Applicant must be at least 50% service connected disabled to qualify.

The name of the Disabled American Veteran must appear on the face of the title. This license plate will replace the license plate currently on your vehicle. The initial issuance will be from this office. Subsequent renewals may be processed at your local taxoffice or the Oklahoma Tax Commission. Complete this applica-			Fee:		\$5.00
			Insurance Fee:		<u>1.50</u>
			Total Fee (if picked up):		\$6.50
tion and mail it to the ad	dress on the back of this form.		Mail Fee:		3.00
			Total Fee (<u>if r</u>	nailed):	\$9.50
Titled in the Name of			Please allow	4 weeks for pro	ocessing.
Address			Your drivers li your check.	cense number n	nust appear on
City, State, Zip Code				For OTC Use (Only
Oily, State, Zip Code			DAV Plate N	umber	
Telephone Number	Drivers License Nur	mber	Decal Numb	er	
Email Address (Optional)					
Υοι	ı may choose only one type o	of Disabled An	nerican Veteran	license plate.	
DAV plate without	the international accessibility s	ymbol.			
placard issued by	e international accessibility set the Department of Public Safet	y in the spaces	provided below.	·	
My physically dis	sabled parking placard number	er	expir	es	, 20
I certify that Disabled An	nerican Veteran license plate wi	ill be displayed	on a vehicle with	a description as	s follows:
Title Number	Vehicle Identification Number	Year and N	Model Licer	nse Plate Number	Month and Year of Expiration
STATE OF STA					
1907	/		Signed und	er penalty of pe	rjury.

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INSTRUCTIONS

The following items must accompany your completed application.

- 1) Your remittance made payable to the Oklahoma Tax Commission.
- 2) A current insurance verification form.
- 3) The ORIGINAL Reduced Licensing Charge Card Form 599 issued by the Oklahoma Department of Veteran Affairs (This card will be returned to you with your new license plate.), or a letter issued by the Oklahoma Department of Veteran Affairs for the purpose of registering your vehicle (This is not the letter issued by the Oklahoma Department of Veteran Affairs which indicate the percentage of disability.).
- 4) The Disabled American Veteran's name must appear on the face of the title <u>or</u> you must be the principal driver of the vehicle. If you are not the owner, but are the principal driver of the vehicle the following statement must be completed.

I certify that I	(Name of DAV)	am the principal driver of this vehicle,			
which is titled in the name of my	(Relationship to DAV)				
Signature of applicant					

OKLAHOMA TAX COMMISSION
MOTOR VEHICLE DIVISION
ACCOUNTING SECTION
2501 LINCOLN BOULEVARD
OKLAHOMA CITY, OK 73194-0013

TELEPHONE NUMBER: (405) 521-2913

TOLL-FREE IN-STATE NUMBER: 1-800-522-8165, EXT. 1-2913

WEBSITE: WWW.TAX.OK.GOV