



Kentucky Transportation Cabinet
Division of Motor Vehicle Licensing
APPLICATION FOR SPECIAL LICENSE PLATE

TC 96-15
04/2011

(Original form is to be retained by the Organization requesting special license plate.)

Please Print or Type:

INDIVIDUAL APPLICATION

Name: _____

Address: _____

City: _____ County: _____ Zip: _____

Pursuant to Kentucky Revised Statute (KRS) 186.164, I am applying for the following special license plate:

Second Chance @ Life/Donate Life Kentucky

As an individual applicant, you must submit this application to the non-profit organization's contact person. Each application shall be accompanied by a check in the amount of \$25.00 payable to the sponsoring group or organization.

ORGANIZATION OR GROUP APPLICATION

Name: **Second Chance at Life**

Address: **P.O. Box 21425**

City: **Louisville**

State: **KY**

Zip: **40221-0425**

As a sponsoring organization, you shall submit one (1) payment for the entire group of applicants. This check shall be made payable to the Kentucky State Treasurer.

A minimum of 900 applications for a special license plate must be received within two (2) consecutive calendar years from the original date of application or the plate will not be produced.

Original – Organization

Copy – Customer