



STATE AGENCY/POLITICAL SUBDIVISION
CERTIFICATION OF ELIGIBILITY FOR OFFICIAL PLATES

ATTENTION: This form is to be used by NYS agencies and political subdivisions to certify eligibility for Official plates. A political subdivision is defined as a subdivision of New York State that has been delegated certain official functions of state or local government...

PLEASE CHECK THE APPROPRIATE BOX BELOW TO INDICATE YOUR OFFICIAL GOVERNMENT STATUS:
Government Division, District or Other Government Entity:
[] State Agency [] County [] City [] Town [] Village [] School District [] Fire District [] Other Government Entity
Name of NYS Agency, County, City, Town, Village, District or Other Government Entity
Department or Division
Address
Name of Department or Division Director Business Phone Business E-Mail Address (Optional)

DESCRIPTION OF VEHICLE(S):
[] Check this box if you are certifying multiple vehicles. Provide the vehicle information on the reverse side of this form.
Year Make Model
Vehicle ID # (VIN) Plate Number (if currently registered)
Emergency Management (EM) * [] Yes [] No County of Primary Use
* Authorization is required by the Department of Homeland Security and Emergency Services (DHSES) for additional Emergency Management plates that exceed the threshold established by DHSES. Emergency Management plate applications must be signed by the highest ranking elected or appointed official.

CERTIFICATION
I certify that the above-described vehicle(s) is (are) owned or controlled by the state agency or political subdivision to which this application for registration applies, and that the information contained herein is true and accurate. I do so in my capacity as a duly appointed public officer or official who has been granted the authority to act on behalf of the above-named political subdivision or state agency.
I understand that knowingly making a false statement on an application submitted to the Commissioner of Motor Vehicles is a misdemeanor under Vehicle and Traffic Law, a misdemeanor or felony under New York State Penal Law, and may result in criminal prosecution in addition to revocation or suspension of the registration pursuant to regulations promulgated by the Commissioner of Motor Vehicles.
Signature (Sign Your Name in Full) Date:
Print Your Name: Title:
Address:
City: Zip Code:
Your Business Phone number () Your Business E-Mail Address (optional):

DMV USE ONLY
Authorization Code [] Code from List [] Code from IOCU
DMV Supervisor Approval: (Signature) Date:

DHSES USE ONLY
I authorize the issuance of Emergency Management License Plates for the above vehicle
Signature: Commissioner of Homeland Security and Emergency Services Date:

Description of Vehicle(s)

YEAR	MAKE	MODEL	VIN NUMBER	PLATE NUMBER <i>(if currently registered)</i>	EMER MGMT. YES/NO	COUNTY OF PRIMARY USE