



Breast Cancer Awareness License Plate



The total cost of each Pennsylvania Breast Cancer Coalition breast cancer awareness license plate is \$32.50 (plus \$1.50 if additional registration cards are desired). This cost includes a \$10 contribution to the PBCC and our programs.

PLEASE DO NOT order your breast cancer awareness plate directly through PennDOT! The PBCC must process your application, then forward it on to PennDOT. PennDOT will not accept any applications that come directly from individuals.

TO ORDER YOUR PLATE: *Fill out the information below AND the attached form, return both with your payment to PA Breast Cancer Coalition, 287 Duke St., Ephrata, PA 17522. Payment can be made by check or credit card. Please make check payable to "PA Breast Cancer Coalition". If you are paying by credit card please note, at this time we accept only Visa or Mastercard. No refunds can be made after your plate order is placed with PennDOT.*

PLEASE NOTE: *If you lease your car, you will need to fill out an additional form that gives you ownership of the license plate. This form is available at www.pabreastcancer.org/license.html or by calling 800-377-8828 x104.*

For more information on this program or other PBCC programs visit www.pabreastcancer.org or call 1-800-377-8828 x104.

Name: _____

Email address: _____ Phone number: _____

Total amount remitted: \$ _____ *(please remember to add an additional \$1.50 per extra registration card if needed)*

Payment method:

_____ check enclosed: Check #: _____

_____ credit card #: _____ Expiration date: _____

_____ Visa _____ Mastercard Authorized Signature: _____

MV-904SO (09-04)Commonwealth of Pennsylvania
Bureau of Motor Vehicles
Special Tag Unit**P.O. Box 68293**

Harrisburg, PA 17106-8293

**APPLICATION FOR
SPECIALTY
REGISTRATION PLATE****Fee: \$20.00****(PLUS ANY ADDITIONAL FEES CHARGED BY THE ORGANIZATION)****▲ FOR DEPARTMENT USE ONLY ▲**

A VEHICLE DESCRIPTION AND APPLICANT INFORMATION <small>(complete this section exactly as information appears on current registration card)</small>				
TITLE NUMBER	CURRENT REG. PLATE #	CURRENT EXPIRATION	MAKE OF VEHICLE	YEAR
LAST NAME	JR., etc.	FIRST NAME	MIDDLE INIT.	TELEPHONE NUMBER () HOME _____ () WORK _____
STREET ADDRESS - <small>Must list a street address. P.O. Box # alone is not acceptable.</small>		CITY	STATE	ZIP CODE
In conjunction with replacement of your plate, you will receive one registration card. If additional registration cards are desired, the fee is \$1.50 for each card.				How many extra registration cards do you want? _____
B TO BE COMPLETED BY ORGANIZATION				
NAME OF ORGANIZATION:				
NAME OF ORGANIZATION, CHAPTER, POST, LODGE, EMPLOYER, etc. Pennsylvania Breast Cancer Coalition			TELEPHONE NUMBER (717) 738-9567	
STREET ADDRESS 287 Duke Street		CITY Ephrata	STATE PA	ZIP CODE 17522
C TO BE COMPLETED BY ORGANIZATION OFFICIAL <small>(see special instructions below)</small>				
I certify that the individual named in Section A is a member in good standing of the organization listed in Section B:				
NAME OF ORGANIZATION OFFICIAL Heather Hibshman		TITLE Executive Director	SIGNATURE X	
D				
I CERTIFY THAT ALL INFORMATION GIVEN ON THIS APPLICATION IS TRUE AND CORRECT AND THAT WHEN I CEASE TO BE A MEMBER OF THE ABOVE NAMED ORGANIZATION, I WILL IMMEDIATELY RETURN THE REGISTRATION PLATE TO THE DEPARTMENT OF TRANSPORTATION.				
X _____			_____	
APPLICANT'S SIGNATURE IN INK			DATE	

GENERAL INFORMATION REGARDING A SPECIALTY PLATE

- This application, with Sections A and D completed in full, must be returned to the organization official for submission to the Department. No applications sent directly to the Department by the organization member will be processed. All applications must be sent to the Department by the organization.
- The applicant listed in Section A must be a registered owner of the vehicle as indicated on the vehicles registration credential. If the vehicle is a leased vehicle, Form MV-1L, "Application for Lessee Information", must be completed and attached.
- Fee required with this application is \$20.00. The participating organizations may charge additional fees to offset the cost of plate production and a contribution to the organization. Please contact the organization representative for correct payment method. **DO NOT SEND CASH.**
- No specialty plate will be duplicated. If your plate is lost, stolen or defaced, we will reissue you the next available plate in our series for \$7.50. To apply for a replacement, complete Form MV-44 and submit the required fee.
- Requests for specialty registration plates are restricted to passenger vehicles, trucks and motorhomes with a registered gross weight of not more than 9,000 lbs. **Motorcycles and trailers do not qualify for specialty registration plates.**
- NO REFUND OF FEE will be issued when applicant cancels request after order is placed.
- When the applicant ceases to be a member in the organization or ceases to be a notary public as listed in Section B, the registration plate must be returned to the Department. Complete Form MV-44 and submit a fee of \$7.50 for reissue of a regular series registration plate.
- Specialty plates are issued in number sequence only and may not be personalized.
- To avoid possible problems with citations with your old registration plate, return it to: Department of Transportation, Bureau of Motor Vehicles, Return Tag Unit, P.O. Box 68597, Harrisburg, PA 17106-8597 after you have received your special organization plate.
- Please allow 4-6 weeks for delivery.

SPECIAL INSTRUCTIONS - SECTION C

- If applicant is a notary applying for a notary public plate, the applicant's notary seal must be affixed in this section instead of an official's signature.
- If applying for a Fraternal Order of Police plate, the PA State Lodge seal and the PA State Lodge Recording Secretary signature must be affixed to this application.