

APPLICATION FOR ORGANIZATION PLATE

North Dakota Department of Transportation, Motor Vehicle Division
SFN 54397 (Rev. 10-2005)

Please Print or Type

Name of Organization MINOT STATE UNIVERSITY			
Address 500 UNIVERSITY AVENUE W	City MINOT	State ND	Zip Code 58707

Name of Applicant		Daytime Telephone Number	
Mailing Address			
Mailing Address			
City	State	Zip Code	County

Vehicle Information:

Title Number
Current License Number
Vehicle Identification Number
Year & Make Of Vehicle

****Optional****

Personalized/Special Letter Plate
Requested - Maximum 5 letters & numerals.
See website for availability.

--	--	--	--	--

Organization Plate Fee	\$ 25.00
Renewal License Fee (if applicable)	\$
Personalized/Special Letter Plate Fee (if applicable) \$25.00	\$
TOTAL FEES DUE	\$

NDCC Chapters 39-04 and 39-05

Applicant certifies this vehicle will be insured as required by law.

The applicant, under the penalties of law and as rightful owner of the vehicle described on this application, declares that the information set forth on this application is correct.

X _____
Signature of Applicant | | |
Date

PENALTY: Any person making any false statement on this application for license or title for which another penalty is not specifically provided is guilty of a class A misdemeanor.

The following information will not become a permanent record.

Fees may be paid by credit card. We accept Visa, Mastercard, or Discover credit cards. Please complete the following information.	
Type of Card	Expiration Date
Card Number	

Checks payable to: ND Department of Motor Vehicles