

## ALABAMA DEPARTMENT OF REVENUE MOTOR VEHICLE DIVISION

P.O. Box 327630 • Montgomery, AL 36132-7630 • (334) 242-9000 • MVD@revenue.alabama.gov

## Application For Reissuance of a Distinctive License Plate Category

As provided under Section 32-6-64, <u>Code of Ala. 1975</u>, a sponsoring organization shall apply to Department of Revenue for approval of the reissuance of a distinctive license plate from the Legislative Oversight Committee(LOC) on license plates. The completed application and supporting documents should be remitted to the above address.

supporting documents should be remitted to the above address.		
OFFICIAL NAME OF THE DISTINCTIVE LICENSE PLATE CATEGORY	NAME OF THE SPONSORING ORGANIZATION	
CONTACT PERSON	DAYTIME TELEPHONE NUMBER	ALTERNATE TELEPHONE NUMBER
EMAIL ADDRESS		
MAILING ADDRESS	CITY	STATE ZIP
Yes No Does the organization elect to retain the current license	plate design for reissuance. If no, p	lease submit a new design.
Yes No Would the organization like to be included in the distinct	ive vessel program (Section 33-5-1	1, <u>Code of Ala. 1975</u> )?
Yes No Does the organization understand all proceeds from the used within the state of Alabama?	sale of license plates and distinctiv	e vessel program (if applicable) must be
Quantity Class 1 (At least 250 registrations) – All distinctive license placeordance with license plate specifications.	ates qualifying under this class will	be manufactured using a generic design in
Quantity Class 2 (At least 1,000 registrations) – All distinctive license accordance with license plate specifications.	plates qualifying under this class m	ay be manufactured using the design in
RESPONSES NEEDED IN THIS SEC	TION ONLY IF REDESIGNING PLA	ATES
Yes No Does the organization want the language "Heart of Dixie must appear on each license plate.		
Yes No Does the license plate design contain elements protecte sion to display the copyright element on the license plate		tter from the organization granting permis-
USE OF	PROCEEDS	
Please provide a detailed description of how the proceeds will be used (type of audit of your financial records conducted within the last two years by an indepted with this application.		
Address for distribution of proceeds: (If different from above.)		
CERTI	FICATION	
I certify that the information listed above is true and correct, and that I am aut organization will file an annual report with the LOC each year on the Form LC	horized by the sponsoring organiza	tion to act on their behalf. I further certify the
SIGNATURE OF AUTHORIZED OFFICIAL FOR THE SPON	ISORING ORGANIZATION	DATE
FOR OFFICIAL USE ONLY		
Number of registrations during previous 12-month period:		
Legibility Tested?: Yes No		
I verify packet is complete for LOC consideration:		DATE