

NYS Fraternal Order of Police License Plate Program

Mail to: NYS Fraternal Order of Police, 911 Police Plaza, Hicksville, NY 11801

ELIGIBILITY: You must be an **ACTIVE** member in NYSFOP residing in NYS. A copy of your Law Enforcement ID **MUST BE SUBMITTED** with the order form. The submission of any false information may result in the prevention and/or revocation of your privilege to have FOP plates. Eligibility will be verified. This is the only form that will be accepted when accompanied with applicants personal check or money order and the General Consent for Release of Personal Information signed and notarized.

Please Print:

Current NYS Vehicle Plate # _____ Expires _____ Vehicle Class: ___ Passenger ___ Comm.
Name (as it appears on current registration)

Last _____ First _____ Middle _____ Date of Birth ___ / ___ / ___

Street _____ County _____ Tel # (9am-4pm) () _____

City _____ State ___ Zip _____

Member No. _____ Lodge No. _____

Cost: \$73.00 (\$30 of this initial cost will be retained by the organization to be used for scholarship & administration). Upon renewal, the annual renewal fee is \$25 in addition to the standard registration fee, billed every two years.



Personalized NYSFOP Plate as it appears above, with any combination of numbers, letters and blanks, not to exceed 6 spaces. **Cost: \$103.00** (\$35 of this initial cost will be retained by the organization to be used for scholarship & administration). After first year, annual renewal fee is \$50 in addition to the standard registration fee, billed every two years. Enter up to three choices in order of preference. Allow 4-6 weeks for delivery.

1st choice _____ 2nd choice _____ 3rd choice _____

I would like to order _____ Standard Plates for \$73.00 _____ Personalized Plates for \$103.00

Payment Methods: Check or Money Order should be made payable to **NYS Fraternal Order of Police**

New York State Department of Motor Vehicles

GENERAL CONSENT FOR RELEASE OF PERSONAL INFORMATION

I _____, authorize the New York State Department of Motor Vehicles to disclose or otherwise make available to NYSFOP, my name, address, plate number and registration information during the time period in which I hold NYSFOP Member plates issued by DMV.

Motorist's Signature _____

STATE OF _____

COUNTY OF _____

On this _____ day of _____ before me personally appeared _____
(1st,2nd) (Month) (Year)

to me known and who by being duly sworn, acknowledged to be person described in and who executed the foregoing consent and he/she duly acknowledged to me that he/she executed the same.

Notary Public

Revised Oct 1, 2004 - Effective Through 2005