

To: All Officers

From: George Hebert President

Re: FOP License Plates

All Officers who apply for FOP License plates are required to submit a copy of their NEW registration TO THE LODGE 34 SECRETARY once the DMV has assigned the FOP License Plates. You will receive your new License Plates about 3 weeks after you submit your paperwork and the new registration will follow in the mail about 4 days later.

Thank you in advance for your cooperation in this matter.

THIS IS YOUR COPY AND DOESN'T GET MAILED OUT.



Fraternal Order of Police

Atlantic Lodge # 34^{inc.}

P.O. Box 992

Mays Landing, New Jersey 08330

(609) 226-0977

____/____/____

Secretary Wayne Winkler,

This letter is to confirm that Officer _____ is an Active Member of the Fraternal Order of Police, Atlantic Lodge # 34.

Officer _____ is **current with all dues** and is considered a Member in "Good Standing". Please accept his application for FOP License Plates.

If you have any questions feel free to contact my office any time.

Fraternally,

TITLE FOP # 34



SPECIAL PLATE UNIT - PO BOX 015
 TRENTON, NEW JERSEY 08666-0015
 1-888-486-3339 (Toll Free in NJ)
 609-292-6500 (Out of State)

ORGANIZATION SPECIAL PLATE APPLICATION

FOR COMMISSION USE	ISSUED	COORDINATOR ASSIGN									
		PLATE NUMBER	HERE →								
REGISTRATION EXPIRES		FULL SERIAL NUMBER OF VEHICLE									
MONTH	YEAR	NAME OF REGISTERED OWNER					DRIVER LICENSE NUMBER				
STREET ADDRESS				CITY	STATE	ZIP CODE					
VEHICLE MAKE	YEAR	VEH. TYPE	WEIGHT CLASS	COLOR	MODEL						
YOUR BIRTH DATE		SEX	CURRENT PLATE NUMBER								

TO ORGANIZATION MEMBER:
INSTRUCTIONS: DO NOT DETACH THIS STUB. Fill in your name and address on the other side. Complete all sections of the application. PRINT CLEARLY OR TYPE. Enter the vehicle description EXACTLY as it appears on the registration certificate. Vehicle MUST be owned or leased by the applicant. See information sheet.

TO ORGANIZATION LIAISON:
 1. Assign plate number in right hand corner.
 2. Sign the certification on the reverse side certifying that the applicant is a member.
 3. Return the completed application to the address shown above together with: A PHOTOCOPY OF THE MEMBER'S CURRENT VEHICLE REGISTRATION CERTIFICATE, describing the vehicle on which these plates are to be placed.

I certify the statements on this application are true and I understand I must surrender the Organization license plates to the Motor Vehicle Commission within 15 days after my association with the Organization is terminated.

SIGN HERE X _____ DATE _____
 Member's Signature

SP-116 (R2/05)

INSTRUCTIONS TO THE ORGANIZATION'S MEMBERS: ANSWER THE QUESTIONS BELOW.

- Have you ever been convicted within the last 10 years of:
 - R.S.39:4-50 "driving while under the influence of alcohol or drugs," or while ability is "impaired" by alcohol or "refusing to take a breathalyzer test?" Yes No
 - R.S.39:4-96 "reckless driving?" Yes No
- R.S.2C:11-5 "death by auto or vessel?" Yes No
- Has your driving privilege been revoked or suspended for any reason within the past two years? Yes No

FILING INFORMATION

If you answered "yes" to any part of question 1, **DO NOT APPLY.** Personalized plates may not be issued to you if you were convicted of one or more of those listed offenses within the last 10 years. If you answered "yes" to question 2, special plates can never be issued to you under Motor Vehicle law and/or regulation. If you answered "yes" to question 3, you may apply 2 years after the date your privilege was restored.

SIDE ONE



RECEIVED

BY:

Certification by Organizational Special Plate Liaison

To: Chief Administrator, Motor Vehicle Commission, I, the undersigned, do certify that the applicant named herein is a member of good standing in:

(Organization's Name) _____

NAME	CURRENT PLATE #	
STREET ADDRESS		
CITY	STATE	ZIP CODE

Please fill in your name, address and zip code on this plate mailing stub.

NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE

X _____
 Signature of Organization Liaison

SIDE TWO