



A one-time registration fee of \$25 will pay for the specialty license plate.

Please download the attached form, sign it and submit your payment made out to CRSD and bring to your school's main office, the Caesar Rodney School District Office or mail the form and payment to: Caesar Rodney District Office, 7 Front Street, Wyoming, DE 19934, ATTN: Front Office

DOVER  
P.O. BOX 698  
DOVER, DE 19903  
(302) 744-2500



NEW CASTLE  
161 AIRPORT RD.  
NEW CASTLE, DE 19720  
(302) 326-5000

GEORGETOWN  
23737 DUPONT BLVD.  
GEORGETOWN, DE 19947  
(302) 853-1000

STATE OF DELAWARE  
**DEPARTMENT OF TRANSPORTATION**  
DIVISION OF MOTOR VEHICLES

WILMINGTON  
2230 HESSLER BLVD.  
NEW CASTLE, DE 19720  
(302) 434-3200

CAROLANN WICKS, P.E.  
SECRETARY

**APPLICATION FOR SPECIALTY LICENSE PLATES**  
(Type or Print)

Date of Application: \_\_\_\_\_ Specialty Plate No: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Registration No: \_\_\_\_\_ Mfg & Year \_\_\_\_\_

Vehicle Identification No: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_  
Signature of Applicant

Do you have a specialty or vanity plate on this vehicle now?  NO  Yes TAG \_\_\_\_\_

I understand the special plate is to be displayed only on the vehicle described above. (If you trade vehicles, your registration card showing the specialty plate must be presented to the Division of Motor Vehicles so a new card can be issued).

The fee of \$10.00 must accompany this application. This is a one-time charge only. However, you must still continue to have your vehicle inspected and pay your registration fee as required.

Applicants may apply for one (1) plate per vehicle. Upon receipt of notice that the individual is no longer affiliated with the organization for which the specialty plate has been issued, the plate must be returned to the Division of Motor Vehicles within 90 days per Title 21, Section 2139B.

Plates may be issued only on cars, station wagons, or trucks with not more than three-fourth ton maximum gross weight (10,000 gross weight).

**THIS SECTION TO BE COMPLETED BY ORGANIZATION REPRESENTATIVE**

\_\_\_\_\_  
Signature of Representative

MV613 (Revised 2/02/05)



**Please make a check in the amount of \$25 payable to CRSD.  
CRSD will then pay the \$10 fee to DMV for your specialty plate.**