



**NEW JERSEY STATE LODGE  
FRATERNAL ORDER OF POLICE®**

STATE HEADQUARTERS • 108 WEST STATE STREET • TRENTON, NEW JERSEY 08608

609-599-1222 • FAX 609-599-1221

ROBERT W. FOX  
PRESIDENT

WAYNE WINKLER  
SECRETARY

**FOP PLATES FOR OUT OF STATE MEMBER**

1. GET AN SP-23 APPLICATION FORM FROM MVC AT [WWW.NJMVC.GOV](http://WWW.NJMVC.GOV) OR YOUR LODGE SECRETARY. **START USING THESE FORMS ASAP.**
2. OBTAIN A LETTER ON YOUR LODGE LETTERHEAD STATING YOU ARE A MEMBER IN GOOD STANDING SIGNED BY A LODGE OFFICER.
3. AN ACTUAL SIZE PHOTOCOPY OF YOUR CURRENT REGISTRATION.
4. A CHECK FOR \$60.00 MADE OUT TO NJ STATE FOP.
5. PLATES ARE FOR MEMBERS ONLY.
6. IF IT IS A LEASED VEHICLE A POWER OF ATTORNEY FROM THE LEASING COMPANY MUST BE INCLUDED.
7. COMPLETE ALL SECTIONS OF THE SP-23 FORM EXCEPT "SIGNATURE OF COORDINATOR" AND SEND COMPLETED PACKET TO NJ STATE FOP.

FOR MVC USE ONLY	<input type="checkbox"/> Approved	PLATE ISSUED									CLERK ID:	DATE:
REASON FOR REJECT:												



# New Jersey Motor Vehicle Commission

Special Plate Unit  
P.O. Box 015  
Trenton, New Jersey 08666-0015  
609-292-6500 ext. 5061  
EMAIL: NJMVCSPU@mvc.nj.gov

## Application for License Plates Requiring Approved Authorization

This application must be completed by an applicant requesting organization license plates or a set of license plates that require approval from a designated authority. Please see the attached information sheet for required coordinators or authorized officials designated to sign for verification purposes.

### Section 1

Enter type of plate you are applying for:	Current Plate Number:
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Month	Registration Expires	Year	Full VIN Number of Vehicle			
Name of Registered Owner (please print or type)			Driver License Number / Corp Code			
Street Address			City	State	Zip Code	
Home Phone Number:			Alternate Number:			

*Your phone number will only be used in the event there is a discrepancy with your application.*

Vehicle Make	Year	Body Type	Weight Class	Color(s)	Model
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**This section should only be completed by all applicants applying for organization plates or press plates:**

	YES	NO
1. Have you ever been convicted of:		
a. N.J.S.A. 39:4-50, driving under the influence of alcohol or drugs or while ability impaired by alcohol or refusing to take a Breathalyzer test?	<input type="checkbox"/>	<input type="checkbox"/>
b. N.J.S.A. 39:4-96, reckless driving?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been convicted of N.J.S.A. 2C:11-5, death by auto or vessel?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your New Jersey driving privilege been revoked or suspended for any reason within the past two years?	<input type="checkbox"/>	<input type="checkbox"/>

*Organization plates may not be issued to you if you were convicted of one or more of those offenses listed in question 1 within the last 10 years. If you answered "yes" to question 2, special plates cannot be issued to you at any time. If you answered "yes" to question 3, you may apply two years after the date your privilege was restored.*

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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Coordinator or Required Authority

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title of Coordinator or Required Authority

Members of organizations requiring additional information as indicated on the information sheet, continue to page 2.