



# FIREFIGHTER PLATE APPLICATION

Vehicle & Motor Carrier Services Bureau  
P.O. Box 9278, Des Moines, IA 50306-9278  
Phone: 515-237-3110 FAX: 515-237-3056  
E-mail: vscusto@iowadot.us  
Web page: http://www.iowadot.gov/mvd

Choose Vehicle Type:  
 Passenger - includes all registered vehicles  
 Motorcycle/Small Trailer  
 Travel Trailer/Motor Home

## APPLICANT INFORMATION

Owner's Name: \_\_\_\_\_ Current Plate Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

County of residence: \_\_\_\_\_ Daytime Telephone #: \_\_\_\_\_

Lessee (if leased): \_\_\_\_\_

Lessee Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

*(If leased, attach a copy of the lease agreement.)*

## REASON FOR APPLYING:

### NEW

- Current member of a paid or volunteer fire department - Not available as a personalized plate - Cost \$25
- Retired firefighter - Not available as a personalized plate - Cost \$25

### REPLACEMENT

- Lost or Damaged - Cost \$25

### RENEWAL CERTIFICATION *not required for officially retired firefighter's*

- Submit certification yearly along with proof of annual vehicle registration - Cost \$0
- If requesting a new plate/number include \$25 with annual vehicle registration

## REQUIRED SIGNATURES

I certify the applicant is:

- A current fire fighter for a period of one year or more
- An officially retired fire fighter who has 10 years total service as determined by fire chief.

Fire chief printed name	Fire chief signature	Phone number	Date
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### AND

Fire officer signature	Department	Date
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### Applicant:

I hereby certify under penalty of perjury and pursuant to the laws of the State of Iowa that the statements made on this application are correct and true to the best of my knowledge and belief. I understand that any false statement made may be cause for denial of this application or if a complaint is received regarding the message on the plate it could be grounds for the plate being cancelled or revoked.

Department Use Only

CK # \_\_\_\_\_ Amt: \_\_\_\_\_ GC# \_\_\_\_\_

Date: \_\_\_\_\_ By: \_\_\_\_\_