

TEXAS BUREAU OF MOTOR VEHICLE

BRANCH NAME WHERE
PLATE SHOULD BE SENT

AUTHORIZATION TO OBTAIN PLATE

PRINT FULL NAME (LAST, FIRST, M.I.) _____

APPLICANT SIGNATURE _____ SHRINE # _____

STREET ADDRESS _____

CITY, ZIP, COUNTY OF RESIDENCE _____

DAYTIME TELEPHONE # _____

AUTHORIZED SPECIAL GROUP NAME: TEXAS SHRINE ASSOCIATION

PLEASE READ THE FOLLOWING:

1. You must submit a **validated** application for each plate
2. The name on the application must be the same name listed on the vehicle registration. Vehicle may be register or leased in the name of one or more owner, but one of the owners or leases must be a member of the special authorized group.
3. Special number requests cannot be accommodated.
4. Fees \$10.00 (per year) for special reconnection plates payable in the Bureau of Motor Vehicle at the time of registration in addition to the other annual registration fees.
5. Documentation of authority is subject to verification and review by the Bureau. The following statement must be signed by the authorized organization representative.

DO NOT WRITE BELOW THIS LINE

I verify that the applicant listed above is authorized to receive the group recognition license plate indicated and has paid all fees as required by our organization.

Signed _____ Recorder Temple: Karem Shrine .

Date _____

GROUP USE ONLY