

## Guidelines for the Pennsylvania Omega Psi Phi Specialty License Plate Program

### Purpose

- Ω This program is offered through the Pennsylvania Department of Transportation (PennDOT) and is only available to non-profit organizations. The International Headquarters of Omega Psi Phi Fraternity, Inc. has been approved to participate in this program in order that there may be a specialty license plate created for the brothers who own a Pennsylvania registered vehicle.

### Eligibility & Application Process

- Ω Brothers applying for a license plate **must be fully financial** with a chapter in the Commonwealth of Pennsylvania that can be verified by the KRS of that respective chapter. This must be the case at the time of application. NO EXCEPTIONS WILL BE ALLOWED.
- Ω Brothers must fill out the “Application For Specialty Registration Plate” form. This form is to be accompanied with fifty dollars (**MONEY ORDER**). All money orders must be made payable to Mu Omega Chapter.
- Ω This form must be returned to the ‘PA QUE PLATE COMMITTEE’ at the following address:

**Mu Omega Chapter  
Attn: PA QUE PLATE COMMITTEE  
P.O. Box 40  
Cheltenham, PA 19012**

### PennDOT gives you three items (Allow 4 to 6 weeks for delivery)

- Ω Your specialized license plate.
- Ω A new vehicle registration card.
- Ω Replacement stickers for the new license plate.

**NO VANITY PLATES**



**For more information contact:  
Bro. Darryl Blackwell  
267.254.8315  
dblackwell@muomegaques.com**

*Proceeds aid the Mu Omega Foundation of Delaware Valley, Inc. in supplying annual scholarships and various social action initiatives sponsored by Mu Omega chapter.*

**MV-904SP (2-08)**Commonwealth of Pennsylvania  
Bureau of Motor Vehicles  
Special Tag Unit**P.O. Box 68293**

Harrisburg, PA 17106-8293

**APPLICATION FOR  
SPECIALTY  
REGISTRATION PLATE****Fee: \$20.00**

(PLUS ANY ADDITIONAL FEES CHARGED BY THE ORGANIZATION)

**▲ FOR DEPARTMENT USE ONLY ▲****A VEHICLE DESCRIPTION AND APPLICANT INFORMATION (complete this section exactly as information appears on current registration card)**

TITLE NUMBER	CURRENT REG. PLATE #	CURRENT EXPIRATION	MAKE OF VEHICLE	YEAR
LAST NAME (OR FULL BUSINESS NAME)	FIRST NAME	MIDDLE NAME	PA DL/PHOTO ID# OR BUS. ID	DATE OF BIRTH
STREET ADDRESS - Must list a street address. P.O Box # alone is not acceptable.			CITY	STATE
			STATE	ZIP CODE

In conjunction with replacement of your plate, you will receive one registration card.  
If additional registration cards are desired, the fee is \$1.50 for each card.

How many extra registration cards do you want? \_\_\_\_\_

**B TO BE COMPLETED BY ORGANIZATION**

<b>NAME OF ORGANIZATION:</b> OMEGA PSI PHI FRATERNITY, INC.				
NAME OF ORGANIZATION, CHAPTER, POST, LODGE, EMPLOYER, etc.			TELEPHONE NUMBER ( )	
STREET ADDRESS		CITY	STATE	ZIP CODE

**C TO BE COMPLETED BY ORGANIZATION OFFICIAL (see special instructions below)**

I certify that the individual named in Section A is a member in good standing of the organization listed in Section B:

NAME OF ORGANIZATION OFFICIAL	TITLE	SIGNATURE
		X

**D I CERTIFY THAT ALL INFORMATION GIVEN ON THIS APPLICATION IS TRUE AND CORRECT AND THAT WHEN I CEASE TO BE A MEMBER OF THE ABOVE NAMED ORGANIZATION, I WILL IMMEDIATELY RETURN THE REGISTRATION PLATE TO THE DEPARTMENT OF TRANSPORTATION.**

X \_\_\_\_\_  
APPLICANT'S SIGNATURE IN INK

\_\_\_\_\_ DATE

**GENERAL INFORMATION REGARDING A SPECIALTY PLATE**

- This application, with Sections A and D completed in full, must be returned to the organization official for submission to the Department. No applications sent directly to the Department by the organization member will be processed. All applications must be sent to the Department by the organization.
- The applicant listed in Section A must be a registered owner of the vehicle as indicated on the vehicle's registration credential. If the vehicle is a leased vehicle, Form MV-1L, "Application for Lessee Information", must be completed and attached. (Note: Form MV-1L is available on our website at www.dmv.state.pa.us.)
- Fee required with this application is \$20.00. The participating organizations may charge additional fees to offset the cost of plate production and a contribution to the organization. Please contact the organization representative for correct payment method. DO NOT SEND CASH.
- No specialty plate will be duplicated. If your plate is lost, stolen or defaced you will need to reapply for a specialty plate by completing this application and submitting with the appropriate fees. Should you need an immediate replacement plate, please complete and submit Form MV-44, "Application for Duplicate Registration Card, Replacement of Registration Plate, Renewal Sticker or Weight Class Sticker" and submitting a fee of \$7.50. A standard issued plate will be issued until the replacement specialty plate can be provided. (Note: Form MV-44 is available on our website at www.dmv.state.pa.us.)
- Requests for specialty registration plates are restricted to passenger vehicles, trucks and motorhomes with a registered gross weight of not more than 10,000 lbs. Motorcycles and trailers do not qualify for specialty registration plates.
- NO REFUND OF FEE will be issued when applicant cancels request after order is placed.
- When the applicant ceases to be a member in the organization as listed in Section B, the registration plate must be returned to the Department. Complete Form MV-44 and submit a fee of \$7.50 for reissue of a regular series registration plate.
- Specialty plates are issued in number sequence only and may not be personalized.
- To avoid possible problems with citations with your old registration plate, return it to: Department of Transportation, Bureau of Motor Vehicles, Return Tag Unit, P.O. Box 68597, Harrisburg, PA 17106-8597 after you have received your special organization plate.
- Please allow 4-6 weeks for delivery.
- If applying for a Fraternal Order of Police plate, the PA State Lodge seal and the PA State Lodge Recording Secretary signature must be affixed to this application.

**MV-1L (8-07)**

Department of Transportation  
 Bureau of Motor Vehicles  
 1101 S. Front Street  
 Harrisburg, PA 17104-2516

# APPLICATION FOR LESSEE INFORMATION

FOR DEPARTMENT USE ONLY

## APPLICATION TO ADD, CHANGE OR DELETE LESSEE INFORMATION FOR A LEASED VEHICLE

**CHECK  THE APPROPRIATE BLOCK:**

- Daily Rental Vehicle** - Complete Sections A, B and E.
- Leased Vehicle** - Check the appropriate box below and complete sections indicated:
- Add Lessee Information - Complete Sections A through E.
  - Change Lessee Information - Complete Sections A and C (if changed), D (if changed) and E.
  - Delete Lessee Information - Complete Sections A and E.

**NOTE:** Any changes in this information provided at time of the original application will require a new MV-1L to be completed and returned to the Department (i.e., daily rental to long term lease, long term to daily rental).

<b>A VEHICLE INFORMATION</b>					
VEHICLE IDENTIFICATION NUMBER		TITLE NUMBER		REGISTRATION PLATE NUMBER	
<b>B VEHICLE OWNER INFORMATION - NOTE: The title will always be in the name of the owner and mailed to the owner or encumbrance holder.</b>					
LAST NAME OR FULL BUSINESS NAME		FIRST NAME		MIDDLE NAME	
STREET ADDRESS					
CITY			STATE	ZIP CODE	
<b>C LESSEE INFORMATION - Person/Company leasing the vehicle from the vehicle owner.</b>					
APPLICANT LAST NAME OR FULL BUSINESS NAME		FIRST NAME	MIDDLE NAME	PA DL OR PHOTO ID # OR BUS. ID #	DATE OF BIRTH
CO-APPLICANT LAST NAME		FIRST NAME	MIDDLE NAME	PA DL OR PHOTO ID #	DATE OF BIRTH
CURRENT STREET ADDRESS					
CITY			STATE	ZIP CODE	
<b>D MAILING INFORMATION - Please read each column heading.</b>					
Check the appropriate block to indicate the proper combination	Registration owner - who keeps the registration plate when the lease expires.	Registration document recipient - who will receive the registration plate, card, sticker, weight class decal, and VIN plate.		Application to renew recipient - who will receive the registration renewal application.	
0 <input type="checkbox"/>	VEHICLE OWNER	VEHICLE OWNER		VEHICLE OWNER	
1 <input type="checkbox"/>	VEHICLE OWNER	LESSEE		VEHICLE OWNER	
5 <input type="checkbox"/>	VEHICLE OWNER	VEHICLE OWNER		LESSEE	
6 <input type="checkbox"/>	LESSEE	LESSEE		VEHICLE OWNER	
7 <input type="checkbox"/>	LESSEE	VEHICLE OWNER		LESSEE	
2 <input type="checkbox"/>	LESSEE	LESSEE		LESSEE	
<b>E CERTIFICATION</b>					
I certify all information listed above is true and correct.					
<b>X</b>	_____			_____	
	Signature of Vehicle Owner or Authorized Person			Date	