



OKLAHOMA CITY BOMBING VICTIMS AND SURVIVORS LICENSE PLATE APPLICATION

Submit all original applications to the address shown on the reverse side of this application. Renewal application may be sent to the Oklahoma Tax Commission at the address listed below. License plates are issued for a period of one (1) year. Renewal decals may be obtained at your local tag office.

Please Check One:

Original* or Replacement **Fee: \$11.00**
License Plate and Decal
(\$8.00 fee plus \$3.00 mail fee. Allow 8 weeks.)

Renewal **Fee: \$9.50**
Decal Only
(\$8.00 fee plus \$1.50 mail fee. Allow 8 weeks.)

Name

Address

City, State, Zip Code

Daytime Phone Number Email Address (optional)

Current special plate number: (for renewals only)

Remittance made payable to the Oklahoma Tax Commission must accompany the application. The applicant's driver license number must appear on check or money order.

***ORIGINAL APPLICANTS MUST COMPLETE THE CERTIFICATE ON THE REVERSE SIDE OF THIS APPLICATION AND MAIL THE APPLICATION AND MONEY TO THE ADDRESS LISTED.**

The boxes below are required to be completed. This information can be found on your current vehicle registration.

I certify that the plate will be displayed on the following vehicle:

Oklahoma Title Number (Not VIN Number)	Year and Make	Regular License Plate Number	Decal # on Regular License Plate (Example: 0F00000) Regular Decal Expiration



Signature _____

Executed under penalties of perjury

1. This special registration is in addition to, not in lieu of, your regular registration (i.e. standard license plate). Your regular registration must be kept current at all times. **Failure to renew the regular registration in a timely manner may result in a delinquent registration penalty and/or possible law enforcement citation.**
2. Once a special license plate has been assigned to an applicant, that applicant shall have priority to such license plate for succeeding years, provided a timely paid application for renewal is submitted. To insure that you receive a renewal application each year, please notify the Oklahoma Tax Commission of any change in your address.
3. A special license plate may be transferred to another vehicle upon the owner's submission of a completed **Request to Transfer Form** (OTC Form 783-A) to the Motor Vehicle Division Special License Plate Section. This form may be obtained from your local tag agency, through Oklahoma Tax Commission website at www.tax.ok.gov, or from the Oklahoma Tax Commission. Completed forms may be mailed to:

OKLAHOMA TAX COMMISSION
MOTOR VEHICLE DIVISION
SPECIAL PLATE SECTION
2501 LINCOLN BOULEVARD
OKLAHOMA CITY, OK 73194-0201

TELEPHONE: (IN STATE TOLL FREE) 1-800-522-8165, EXTENSION 1-2468; (DIRECT) (405) 521-2468

WWW.TAX.OK.GOV



OKLAHOMA CITY BOMBING VICTIM'S AND SURVIVORS FAMILIES QUALIFICATION CERTIFICATE

(Please print or type clearly)

To qualify for the Oklahoma City Bombing Survivors and Victim's Families license plates you must complete both sides of this application. Send the completed application and check or money order in the amount of \$10.00, made payable to the Oklahoma Tax Commission, to the Department of Health at the address below. After verification it will be forwarded to the Oklahoma Tax Commission for processing.

Name of Applicant: _____
Last First Middle Initial

Address: _____
Street Address City State Zip Code

Telephone Number (____) _____ Social Security Number _____

Please Note: For the purposes of Survivor and Victim's Family license plates, ***Immediate family is limited to:** spouse, child, parent, sibling, grandparent, step-mother, step-father, step-brother, step-sister, step-child, father-in-law, mother-in-law, and brother-in-law.

- Applicant is a (an)
- 1. Survivor of the April 19, 1995 Oklahoma City Bombing Yes No
 - 2. *Immediate Family Member of a Victim of the Bombing Yes No
 - 3. *Immediate Family Member of a Survivor Yes No

If you answered "Yes" to item 2 or 3 above, please complete the following:

Victim's or survivor's name: _____

Victim's or survivor's address: _____

Your relationship to the victim/survivor: _____

To the best of my knowledge, the above information is true and correct and can be verified by the following Organization(s).
[Please check all that apply]

- Employing Organization: (Specify name, address, contact person, and telephone number):

- Injury Prevention Service, Oklahoma State Department of Health (Telephone: 405-271-3430)
- Oklahoma Federal Executive Board (Telephone: 405-231-4167)
- Victim – Witness Assistance Unit, U.S. District Attorney's Office for the Western District of Oklahoma (Telephone: 405-553-8898)
- Other (Please specify) _____

DO NOT WRITE BELOW THIS LINE. FOR AUTHORIZED DEPARTMENT OF HEALTH PERSONNEL ONLY.

<p>Mail this application and check to:</p> <p>OKLAHOMA STATE DEPARTMENT OF HEALTH INJURY PREVENTION SERVICE 1000 NORTHEAST 10TH OKLAHOMA CITY, OK 73117</p>	<p>CERTIFICATION OF ELIGIBILITY</p> <p>Unable to Verify: _____</p> <p>Verified by: _____</p> <p>Source of Verification: _____</p> <p>Date: _____ / _____ / _____</p>
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