



Kentucky Transportation Cabinet
Division of Motor Vehicle Licensing
P.O. Box 2015
Frankfort, Kentucky 40602-2014

TC 96-15
April 2011

APPLICATION FOR A SPECIAL LICENSE PLATE

Please Print or Type:

INDIVIDUAL APPLICATION

Name: _____

Address: _____

City: _____ County: _____ Zip: _____

Email _____ Phone (s) _____

Pursuant to Kentucky Revised Statute (KRS) 186.164, I am applying for the following special license plate:

Alzheimer's Awareness

As an individual applicant, you must submit this application to the non-profit organization's contact person. Each application shall be accompanied by a check in the amount of \$25.00 payable to the sponsoring group or organization.

ORGANIZATION OR GROUP APPLICATION

Name: Alzheimer's Association - Greater KY and Southern Indiana Chapter

Address: 6100 Dutchmans Lane, Suite 401

City: Louisville State: KY Zip: 40205

Donation Option

If 900 applications are not collected to meet the minimum required by the state for issuance of a specialty Alzheimer's license plate, you may have the option to designate your \$25.00 fee as a general donation to the Alzheimer's Association for Alzheimer's awareness and education activities in Kentucky. You will receive an acknowledgement if this occurs.

_____ Yes, I wish to make this a \$25.00 donation to the Alzheimer's Association if the campaign to collect 900 Alzheimer's specialty plate applications is not successful.

_____ No, please return my deposit if the campaign to collect 900 Alzheimer's specialty plate applications is not successful.

Signature: _____

Date: _____