

# Nursing License Plate Now Available in Missouri!



The Missouri Nurses Foundation (MNF), a nonprofit working to promote the future of nursing, seeks to build camaraderie among and visibility of nurses in our state and is sponsoring a specialty license plate celebrating Missouri nurses. As an engaged nurse, MNF is offering you the opportunity to be among the first to drive with pride in your nursing profession.

## NOT JUST FOR NURSES – Help spread the word!!

Available to anyone... family of nurses, friends of the nursing profession, nursing students or recent grads!

## HOW DO YOU GET A NURSING LICENSE PLATE?

1. Complete Payment Form below and the highlighted areas of Mo. Department of Revenue Form 1716 (attached).  
*You even have the opportunity to personalize your plate!!*
2. Send completed Form 1716 with payment form and \$40 to MNF (\$15 for the DOR specialty plate fee, \$25 contribution to MNF)
3. When MNF collects 200 applications, license plate production will begin and you will be notified by Missouri Department of Revenue when your plate is ready to be picked up.

### MNF NURSING LICENSE PLATE PAYMENT FORM

\_\_\_\_\_  
First Name Last Name

\_\_\_\_\_  
Email

- CHECK # \_\_\_\_\_ (Payable to Missouri Nurses Foundation)  
 MASTERCARD / VISA / AMERICAN EXPRESS / DISCOVER

\_\_\_\_\_  
Credit Card Number Expiration Date CVV (3 digit code on back) Billing Zip

\_\_\_\_\_  
Cardholders Name Cardholders Email (if different from above)



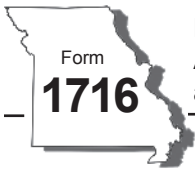
### RETURN COMPLETED PAYMENT FORM AND FORM 1716:

**MAIL:**  
Missouri Nurses Foundation  
Attn: License Plate  
3340 American Ave., Suite F  
Jefferson City, MO 65109

**FAX:**  
573-636-9576



**QUESTIONS? CALL 573-636-4623  
OR EMAIL INFO@MISSOURINURSES.ORG**



Missouri Department of Revenue  
**Application for Missouri Personalized  
 and Special License Plates**

Any false statement in this application is a violation of the law and may be punished by fine or imprisonment or both.

<b>Step 1</b>	<b>Name must appear as shown on vehicle title</b>			<b>(Please check which category of license plate you need)</b>		
	Owner's Name _____			<input type="checkbox"/> Passenger	<input type="checkbox"/> Recreational Vehicle (motor home)	
	Street, RR, or P.O. Box Number _____			<input type="checkbox"/> Beyond Local 6 Truck	<input type="checkbox"/> Local 6 Truck (limited to a 50 mile radius)	
	City _____ State _____ Zip Code _____			<input type="checkbox"/> Beyond Local 12 Truck	<input type="checkbox"/> Local 12 Truck (limited to a 50 mile radius)	
Daytime Phone Number _____			<input type="checkbox"/> Beyond Local 18 Truck	<input type="checkbox"/> Local 18 Truck (limited to a 50 mile radius)		
_____ - _____ - _____			<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Motortricycle		
Current Plate Number _____			<input type="checkbox"/> Check here to add this symbol  to your plate. (Form 1776, Physician's Statement for Disabled Person's License Plates is required. See back for more information.)			

<b>Step 2</b>	Submit fee shown below with this application.		
	<input type="checkbox"/> Regular Personalized (\$15) (Can be reserved at plates.mo.gov)	<input type="checkbox"/> Friends of Arrow Rock (\$15)	<input type="checkbox"/> Missouri Task Force 1 (\$15)
	<input type="checkbox"/> Amateur Radio (\$15)	<input type="checkbox"/> God Bless America (\$15)	<input type="checkbox"/> Missouri Travel Council (\$15)
	<input type="checkbox"/> American Heart Association (\$15)	<input type="checkbox"/> Greek Collegiate Organization (\$15)	<input type="checkbox"/> MKN Conference of Teamsters (\$15)
	<input type="checkbox"/> American Legion (\$15)	<input type="checkbox"/> Hearing Impaired Kids Endowment Fund (\$15)	<input type="checkbox"/> MO-AG Businesses (\$15)
	<input type="checkbox"/> Be An Organ Donor (\$15)	<input type="checkbox"/> Helping Schools (\$15)	<input type="checkbox"/> Order of the Arrow (\$15)
	<input type="checkbox"/> Breast Cancer Awareness (\$15)	<input type="checkbox"/> I'm Pet Friendly (\$15)	<input type="checkbox"/> Paramedic (\$15)
	<input type="checkbox"/> Cave State (\$15)	<input type="checkbox"/> Jefferson National Parks Association (\$15)	<input type="checkbox"/> Prince Hall (\$15)
	<input type="checkbox"/> Children's Trust Fund (Stock) (\$15)	<input type="checkbox"/> Kingdom of Calontir (\$15)	<input type="checkbox"/> Professional Sports Team (\$15)
	<input type="checkbox"/> Children's Trust Fund (\$15)	<input type="checkbox"/> Knights of Columbus (\$15)	<input type="checkbox"/> St. Louis Blues <input type="checkbox"/> St. Louis Cardinals
<input type="checkbox"/> Choose Life (\$15)	<input type="checkbox"/> Lions Club (Stock) (\$15)	<input type="checkbox"/> Kansas City Chiefs	
<input type="checkbox"/> Collegiate (\$15)	<input type="checkbox"/> Lions Club (\$15)	<input type="checkbox"/> Rotary International (\$15)	
Name of College or University _____	<input type="checkbox"/> Masonic Grand Lodge (\$15)	<input type="checkbox"/> Safari Club International (\$15)	
<input type="checkbox"/> Coroner's Office (\$15)	<input type="checkbox"/> Masters (\$15)	<input type="checkbox"/> Search and Rescue (\$15)	
<input type="checkbox"/> Custom Vehicle (\$15)	<input type="checkbox"/> Missouri 4-H (\$15)	<input type="checkbox"/> Shriners (\$15)	
<input type="checkbox"/> Disabled Person (\$15)	<input type="checkbox"/> Missouri Association of Realtors (\$15)	<input type="checkbox"/> Special Olympics (\$15)	
<input type="checkbox"/> Don't Tread on Me (\$15)	<input type="checkbox"/> Missouri Bicycle & Pedestrian Federation (\$15)	<input type="checkbox"/> St. Louis College of Pharmacy (\$15)	
<input type="checkbox"/> Ducks Unlimited (\$15)	<input type="checkbox"/> Missouri Botanical Garden (\$15)	<input type="checkbox"/> Street Rod (\$15)	
<input type="checkbox"/> Eagle Scout (\$15)	<input type="checkbox"/> Missouri Conservation Heritage (Stock) (\$15)	<input type="checkbox"/> Tribe of Mic-O-Say (\$15)	
<input type="checkbox"/> Eastern Star (\$15)	<input type="checkbox"/> Bird <input type="checkbox"/> Deer <input type="checkbox"/> Bald Eagle	<input type="checkbox"/> Kansas City District <input type="checkbox"/> St. Joseph District	
<input type="checkbox"/> Emergency Medical Technician (\$15)	<input type="checkbox"/> Missouri Conservation Heritage (\$15)	<input type="checkbox"/> Wilson Creek Battlefield (\$15)	
<input type="checkbox"/> Fight Terrorism (\$15)	<input type="checkbox"/> Bird <input type="checkbox"/> Deer <input type="checkbox"/> Bald Eagle	<input type="checkbox"/> Zoos (\$15) <input type="checkbox"/> Kansas City <input type="checkbox"/> St. Louis	
<input type="checkbox"/> Firefighter (Stock) (\$15)	<input type="checkbox"/> Missouri Elks Association (\$15)	<input type="checkbox"/> Shuttle Bus (\$15) — regular personalized	
<input type="checkbox"/> Firefighter (\$15)	<input type="checkbox"/> Missouri Federation of Square & Round Dance Clubs (\$15)	<input type="checkbox"/> Vanpool (\$15) — regular personalized	
<input type="checkbox"/> Former Legislator (\$15)	<input type="checkbox"/> Missouri Jaycee (Stock) (\$15)	<input checked="" type="checkbox"/> <b>Other MO NURSES FOUNDATION</b>	
Last Year Served _____	<input type="checkbox"/> Missouri Jaycee (\$15)	Note: Please contact the Missouri Department of Revenue for other specialty plates that may be available.	
<input type="checkbox"/> Fraternal Order of Eagles (\$15)	<input type="checkbox"/> Missouri Remembers POW/MIA (\$15)		
<input type="checkbox"/> Fraternal Order of Police (\$15)	<input type="checkbox"/> Missouri Stream Team Coalition (\$15)		

For all plates listed as "Stock," the Missouri Department of Revenue will select your license plate configuration.

**Personalized plate choices (complete only if applying for personalized plates. Please include more than one choice.)**

Please use all capital letters and show choices in order of preference. Regular personalized license plates may consist of no more than six characters plus a dash, a space, or an apostrophe. Personalized plates displaying an emblem or wheelchair symbol may consist of no more than six characters or five characters plus a dash, a space, or an apostrophe. Personalized plates displaying an emblem and wheelchair symbol are limited to four characters or three characters plus a dash, a space, or an apostrophe. Personalized motorcycle or motortricycle plates may consist of no more than six characters or five characters plus a dash, space, or an apostrophe. Personalized motorcycle or motortricycle plates displaying an emblem or wheelchair symbol may consist of no more than five characters or four characters plus a dash, space, or an apostrophe. Personalized motorcycle/motortricycle plates displaying an emblem and wheelchair symbol may consist of no more than three characters or two characters plus a dash, space, or an apostrophe. The Missouri Department of Revenue will not issue plates that contain any letters, numbers, or a combination of letters and numbers which are obscene, profane, patently offensive or contemptuous of a racial or ethnic group, offensive to good taste or decency, or would present an unreasonable danger to the health or safety of the applicant, of other users of streets and highways, or of the public in any location where the vehicle with such plate may be found. The Missouri Department of Revenue will not issue plates that conflict with the regular license numbering system.

<b>Vehicle Plate Will Be Attached To</b>	<b>Year</b>	<b>Make</b>	<b>Model</b>	<b>VIN Number</b>	
_____	_____	_____	_____	_____	
<b>First Choice</b>	<b>Second Choice</b>	<b>Third Choice</b>	<b>Fourth Choice</b>	<b>Fifth Choice</b>	<b>Sixth Choice</b>
_____	_____	_____	_____	_____	_____
Description of what the configuration above stands for.	Description of what the configuration above stands for.	Description of what the configuration above stands for.	Description of what the configuration above stands for.	Description of what the configuration above stands for.	Description of what the configuration above stands for.

<b>Step 4</b>	Must be completed by all applicants. These license plates will not be mailed. Indicate name of license office where plates are to be picked up.		
	<b>Office</b>	<b>Office Number</b>	I hereby certify under penalty of perjury that all information regarding this request is true and accurate and is made without intent to defraud and that all statutory requirements for personalized or special license plates have been met. I also acknowledge that, if the requested configuration is already issued for a vehicle I own, I must surrender those plates when I pick up the new plates bearing that configuration.
	<b>Street</b>	<b>City</b>	
Signature of Owner or Applicant <b>X</b>			