

APPLICATION FOR



National Kidney Foundation™

Customer Information:

Name: _____ License #: _____

Address: _____

City/State/Zip: _____ Daytime Telephone: _____

Current Plate # (if applicable) _____ Ship Plate to: _____
(Registry of Motor Vehicles branch location; visit www.mass.gov/rmv to find out nearest branch)Reg # Assigned: _____
Check Received: _____ Amt: _____ Check number: _____**INSTRUCTIONS:**

1. Fill out the information requested above.
2. Send this application with a \$40 check for the special plate fee. Please note: Your check will not be cashed until 1,500 pre orders are received.
3. Once your check is processed the \$40.00 is non refundable.
Make check for \$40 payable to RMV
(Note: There is a \$20 plate swap fee plus any applicable registrations fees due at the time of plate pick-up. These fees will depend on your current plate number and expiration year. For instance, your current plate may expire in March of 2004. If your new plate expires in January of 2005, the registration system will charge you an additional amount for the extra time you receive on your registration.)
4. **Do not send this application and check to the RMV. Send to:**
5.

National Kidney Foundation of MA, RI, NH & VT
85 Astor Avenue, Suite 2
Norwood, MA 02062
5. You will be notified by mail that your _____ plates have been shipped to the requested Registry of Motor Vehicles branch. Bring your registration and current plates (if applicable) to the branch at that time. Before manufacturing of these plates begins, 1,500 pre-orders need to be collected. *Once that number is achieved, it will take approximately 6 months to manufacture the plates and for them to reach the branches.*
6. Registrations must be renewed every two years
7. If you are putting your plate on a newly acquired vehicle, you must pay applicable sales tax, title and registration fees *at the time of registration.*
8. These special plates are available to Massachusetts residents using this form only; there is no online ordering process at this time. License plates will use randomly assigned numbers only.

Registry Use Only

RMV Batch No. _____ Approved _____

For more information, please call 781 278 0222 or email us at rlync@kidneyhealth.org