STATE OF ALASKA - DIVISION OF MOTOR VEHICLES
APPLICATION FOR FIRE FIGHTER / EMS LICENSE PLATES

Print Your Full Legal Name _____ Daytime Telephone Number _____

Current ALASKA License Plate Number _____ Expiration Date _____ Serial Number (VIN) _____

Year _____ Make _____ Body Style _____ Is Vehicle Used Commercially? Yes No _____ Trailer - Plate Size Large Small

Replacement Plates (reason): ☐ LOST ☐ NEW STYLE ☐ DAMAGED ☐ STOLEN

Use ONLY the following in the blocks: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z Ø 1 2 3 4 5 6 7 8 9

						1ST Choice
						2ND Choice
						3RD Choice
						4TH Choice
						5TH Choice

Print the letters and/or numbers you want on your new license plate in the blocks provided. If a space is required between characters, indicate this by leaving the block blank.

PLATES ARE MAILED TO THE ADDRESS SHOWN IN DMV RECORDS UNLESS REQUESTED OTHERWISE, IN WRITING.

To change your address, write the change on the copy of the Alaska vehicle registration submitted. Provide a Notice of Change of Address (Form 401) for other vehicles/drivers licenses that require a change of address. The form must be completed in full and signed.

Enclose all of the following:

- ☐ Current registration.
- ☐ License plate fee of $30.00. Personalized check or money order.
- ☐ Notice of Change of Address (Form 401), if applicable.
- ☐ Registration for current Fire Fighter / EMS plate. (2nd and subsequent sets, only)

Please give careful consideration before requesting your plates, as we do not issue refunds for special issue plate fees. To distinguish between an "O" and a "0" (zero) place a slash (/) through the 0 when requesting a zero (Ø).

You may order a minimum of two (2) characters and a maximum of six (6) characters or characters and spaces combined. If a space is requested between any characters it will eliminate one character choice. All requests will be centered unless otherwise requested. Symbols (dashes, slashes, etc.) may not be ordered on these plates.

PLEASE DO NOT ALLOW YOUR VEHICLE REGISTRATION TO EXPIRE PRIOR TO RECEIVING YOUR PERSONALIZED PLATES. IF YOU SELL THE VEHICLE, NOTIFY DMV IMMEDIATELY. THE VEHICLE MUST BE REGISTERD IN YOUR NAME, IN ALASKA, TO OBTAIN THE PLATES.

AFFIDAVIT

I certify that all of the following statements are true:

- I am ☐ an Active Member or ☐ Former Member of the Department or Service Provider listed below:

  _____
  Department or Service Provider
- The service provider is recognized as a fire department by the state fire marshal OR an out-of-hospital emergency medical service provider certified by the Department of Health and Social Services.
- If a Former Member I have a minimum of 10 years of service as a Fire Fighter or Emergency Medical Service (EMS) provider in Alaska.
- I am the registered owner, either solely or jointly, of the vehicle described above.

Signature of Applicant _____ Date _____

The Verification Certificate must be completed in full prior to obtaining your first Fire Fighter / EMS plates.
To obtain additional plates for other vehicles, please provide your current Fire Fighter / EMS license plate number: _____

VERIFICATION CERTIFICATE

On this _____ day of _____, _____, _____,
Month Year Printed Name of Applicant

known to me to be the person named above, personally appeared before me and completed this affidavit for the purpose of obtaining Fire Fighter / EMS license plates. I certify that, on the date of this affidavit, I am an authorized representative of the Department or Service Provider stated above and the person appearing before me is an active member or has had a minimum of 10 years of service.

Signature of Authorized Representative _____ Printed Name and Title _____

Address _____ Daytime Telephone Number _____

DMV USE ONLY:	CLASS CODE	DATE	BATCH	AMVC / OFFICE	FEE: CA CC CK