• THE FIRST STATE • LEODOOO • DELAWARE •	Date received by the Correctional Officers Association of Delaware:
APPLICATION FOR DELAWARE	E LAW ENFORCEMENT PLATE
TAG NUMBER ASSIGNED:LEASSOCIATION OF DELAWARE)	(ASSIGNED BY CORRECTIONAL OFFICERS
NUMBER REQUESTED alte	ernative #1 #2 #3
PLEASE PRINT OR TYPE	
Owner's Name:	
Address: (Street)	
(City)	(State)(Zip Code)
	/time Phone #
What is your current License Plate Number or	·
Manufacturer?Vet	hicle Registered Weight?
Year? Vehicle Identification Numl	ber?
understand that the owner must continue to have the plates will only be issued on cars, station wagons, of weight. The vehicle must be titled/registered in the names are not eligible. Vehicles in joint names are be assigned to a vehicle. If you currently have a spectrum Check One: Active/Retired Law Enforcement	is to be displayed on the vehicle described above. I further he vehicle registered and pay annual registration fees. License or trucks with three-fourth ton or smaller manufacturer's rated capacity e vehicle owner's name Vehicles registered/title in corporations or busines e eligible for the special plate. Note: Only one specialty license plate can becialty plate or vanity plate on the vehicle, that plate must be canceled ent Officer: Department:
	ship
	fficer:
Owner's Signature:	Date:
Signature of Correctional Officer Association of	f Delaware Representative:
Process: SEE ATTACHED INSTRUCT	TIONS
DMV Officer Use Only Date Received: Date Mailed:	



PROCESS: MAKE SURE THE APPLICATION IS FILLED OUT IN TOTAL BEFORE MAILING

- Send the application and a <u>stamped self-addressed envelope</u> to the Correctional Officers Association of Delaware, Attn: LE License Plate, 1243 College Park Drive, Dover, DE 19904. Include a \$20.00 fee. Checks should be made payable to the Correctional Officers Association of Delaware. This money will be used to for George McClure, III Scholarship Fund presented by COAD. For COAD Union paying members only include a \$10.00 fee.
- 2. Include the plate number you are requesting and three alternative number selections.
- **3.** The approved application will be returned to you for forwarding to DMV.
- 4. Forward the application with a check/money order for \$10.00 (made payable to DE Division of Motor Vehicles) to DMV Administration Office, Special Tag, P.O. Box 698, Dover, DE 19903