

MV-904SO (11-90)

Commonwealth of Pennsylvania  
Department of Transportation  
Bureau of Motor Vehicles  
Harrisburg, PA 17122

**APPLICATION FOR  
SPECIAL ORGANIZATION  
AND  
PRESS PHOTOGRAPHER  
REGISTRATION PLATE**

**\$20.00 FEE**

▲ FOR BUREAU USE ONLY ▲

<b>A VEHICLE DESCRIPTION AND APPLICANT INFORMATION</b> (complete this section exactly as information appears on current registration card)									
TITLE NUMBER		CURRENT REG. PLATE #			CURRENT EXPIRATION		MAKE OF VEHICLE		YEAR
In conjunction with replacement of your plate you will receive on registration card. If additional registration cards are desired, the fee is \$1.50 for each card							How many extra registration cards do you want? _____		
LAST NAME		JR, etc.	FIRST NAME			MIDDLE	MEMBERSHIP NUMBER		TELEPHONE NUMBER
STREET ADDRESS			CITY			STATE	ZIP CODE	( ) HOME _____ ( ) WORK _____	
<b>B TO BE COMPLETED BY APPLICANT</b>									
NAME OF ORGANIZATION:									
NAME OF ORGANIZATION CHAPTER, POST, LODGE, EMPLOYER, etc. <b>Knights of Columbus</b>							TELEPHONE NUMBER (610) 272-4968		
STREET ADDRESS 27 East Freedley Street			CITY Norristown			STATE PA	ZIP CODE 19401-3317		
<b>C TO BE COMPLETED BY ORGANIZATION OFFICIAL</b> (see special instructions below)									
I certify that the individual named in Section A is a member in good standing of the organization listed in Section B:									
NAME Linford Bittner			TITLE License Plate Chairman			SIGNATURE <b>X</b>			
<b>D I CERTIFY THAT ALL INFORMATION GIVEN ON THIS APPLICATION IS TRUE AND CORRECT AND, THAT WHEN I CEASE TO BE A MEMBER OF THE ABOVE NAMED ORGANIZATION, I WILL IMMEDIATELY RETURN THE REGISTRATION PLATE TO THE DEPARTMENT OF TRANSPORTATION</b>									
<b>X</b> _____					_____				
APPLICANT'S SIGNATURE IN INK					DATE				

Instructions to members:

Complete sections A and D and return form to:

Linford Bittner  
State License Plate Chairman  
27 East Freedley St.  
Norristown, PA 19401-3317

Include payment of \$20, check or money order, payable to PENNDOT