

# FIREFIGHTER, PROFESSIONAL FIREFIGHTER, RESCUE SQUAD LICENSE PLATES VEHICLE REGISTRATION APPLICATION

**Purpose:** Members of fire services and emergency medical services agencies or auxiliaries use this form to apply for vehicle registration and Firefighter (FD), Professional Firefighter (PF), or Rescue Squad (RS) plates.

**Note:** You must obtain a Virginia vehicle safety inspection sticker and pay any required local vehicle registration fees to your city or county. For the city of Virginia Beach only, DMV collects local vehicle registration fees.

**Instructions:** Mail this completed form with a check or money order (made payable to DMV) to the above address, or present this completed form to any DMV Customer Service Center (CSC) or DMV Select.

**Note:** A \$5 service fee per vehicle applies to each renewal transaction conducted in a CSC, unless the renewal is conducted with another transaction that cannot be completed by internet, automated telephone, mail or at a DMV Select.

SECTION 1 (1) REGISTRATION INFORMATION			
<b>SECTION 1</b>	Registration Type (check one)		
	<input type="checkbox"/> Original	<input type="checkbox"/> Renewal	<input type="checkbox"/> Reissue

SECTION 2 (2) PLATE INFORMATION			
<b>SECTION 2</b>	Plate Applied For (check one)		
	<input type="checkbox"/> Firefighter (FD) If original registration, complete sections 1 through 4, section 5 if applicable, sections 6 through 7 and sections 9 through 10.	<input type="checkbox"/> Professional Firefighter (PF) International Association of Firefighters (IAF) ONLY. Complete sections 1 through 4, section 5 if applicable, sections 6 and sections 8 through 10. NON-IAF members are not eligible for this plate.	<input type="checkbox"/> Rescue Squad (RS) If original registration, complete sections 1 through 4, section 5 if applicable, sections 6 through 7 and sections 9 through 10.

SECTION 3 (3) OWNER INFORMATION				
<b>SECTION 3</b>	OWNER'S FULL LEGAL NAME (last, first, mi, suffix) OR BUSINESS NAME (if business owned)		TELEPHONE NUMBER	DMV CUSTOMER NUMBER / FEIN / SSN
	CO-OWNER'S FULL LEGAL NAME (last, first, mi, suffix)		TELEPHONE NUMBER	DMV CUSTOMER NUMBER / FEIN / SSN
	<b>NOTE:</b> Owners (and Lessees if applicable) MUST provide their residence/home/business address where requested, this address can not be a P.O. Box. You must complete form ISD-01 if you would like your address(es) updated.			RESIDENCE/BUSINESS JURISDICTION
	OWNER'S RESIDENCE/HOME/BUSINESS ADDRESS (Apt # if applicable)	CITY	STATE	ZIP CODE
	CO-OWNER'S RESIDENCE/HOME/BUSINESS ADDRESS (Apt # if applicable)	CITY	STATE	ZIP CODE

SECTION 4 (4) ADDITIONAL INFORMATION				
<b>SECTION 4</b>	LOCATION WHERE VEHICLE IS PRINCIPALLY GARAGED <input type="checkbox"/> CITY <input type="checkbox"/> COUNTY <input type="checkbox"/> TOWN OF		IF NEW LOCATION ENTER DATE CHANGED	Are any of the owners/lessees on active military duty or service? <input type="checkbox"/> YES <input type="checkbox"/> NO
	IF YOU WOULD LIKE YOUR REGISTRATION RENEWALS SENT TO AN ADDRESS OTHER THAN YOUR RESIDENCE/BUSINESS ADDRESS, ENTER IT BELOW.			
REGISTRATION MAILING ADDRESS - OPTIONAL		CITY	STATE	ZIP CODE

SECTION 5 (5) LEASE INFORMATION (if applicable)				
<b>SECTION 5</b>	LESSEE'S FULL LEGAL NAME (last, first, mi, suffix)		TELEPHONE NUMBER	DMV CUSTOMER NUMBER / FEIN / SSN
	LESSEE'S RESIDENCE/BUSINESS ADDRESS		CITY	STATE   ZIP CODE

SECTION 6 (6) VEHICLE INFORMATION						
<b>SECTION 6</b>	TITLE NUMBER		VEHICLE IDENTIFICATION NUMBER (VIN)	CURRENT PLATE NUMBER	EXPIRATION DATE (mm/dd/yyyy)	
	YEAR	MAKE	MODEL	BODY TYPE	AXLES	FUEL
	EMPTY WEIGHT	GROSS WEIGHT	GROSS VEHICLE WEIGHT RATING	GROSS COMBINATION WEIGHT RATING	VEHICLE COLOR	PRIMARY

**(7) FIREFIGHTER/RESCUE SQUAD PLATE CERTIFICATION**

SECTION 7

You must complete this section if you checked Firefighter plate (FD) or Rescue Squad plate (RS) above. NOT required for plate renewal or reissue.

**EMERGENCY MEDICAL SERVICES/FIREFIGHTER AGENCY, SQUAD OR AUXILIARY**

As department/squad chief or leader, I hereby certify that the person named in the Owner Information section of this application is currently a member of a volunteer emergency medical services agency/auxiliary, volunteer fire department/auxiliary, or is a professional firefighter.

- Volunteer Emergency Medical Services Agency/Auxiliary       Volunteer Fire Department/Auxiliary       Professional Firefighter

DEPARTMENT/SQUAD CHIEF OR LEADER NAME (print)

DATE (mm/dd/yyyy)

DEPARTMENT/SQUAD CHIEF OR LEADER SIGNATURE

**(8) IAF MEMBERSHIP VERIFICATION**

SECTION 8

You must complete this section if you checked Professional Firefighter plate (PF) above.

- Check to indicate presentation of current International Association of Firefighters (IAF) membership card with application. If application is submitted by mail, attach a copy of the front and back of the IAF card to this application.

**(9) INSURANCE CERTIFICATION (check only one)**

SECTION 9

Any person who, with fraudulent intent, makes a false statement on this application will be guilty of a Class 6 felony (Virginia Code § 46.2-605). I/We certify:

- This vehicle is insured with liability coverage by a company licensed to do business in Virginia. Coverage must be in effect at the time of application and must remain in effect as long as the vehicle is registered, even if the vehicle is not being driven or is inoperable.
- This vehicle is not insured; therefore, I am sending the uninsured motor vehicle (UMV) fee. (This fee provides no insurance coverage).

Failure to comply with Virginia's insurance requirements may result in suspension of your driver's license and vehicle registration.

**PRIVACY NOTICE**

PLEASE READ

The information, including Social Security Number, is requested in accordance with Virginia Code §46.2-623. Any person who refuses to supply the required information will be denied a certificate of title and/or registration. Title and registration records may be disseminated in accordance with §§ 46.2-208 through 46.2-214, to business, law enforcement or authorized government entities.

**(10) CERTIFICATION/SIGNATURES**

SECTION 10

I certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

APPLICANT SIGNATURE

CO-APPLICANT SIGNATURE

DATE (mm/dd/yyyy)