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Oklahoma City Bombing Victims and Survivors License Plate Application

Submit all original applications to the address shown on Page 2 of this application. Replacement applications may be sent to Service Oklahoma at the address listed below. License plates are issued for a period of one year. Renewal decals may be obtained at a local tag office.

Name

Address

City, State, Zip Code

Daytime Phone Number

Email Address (optional)

Please Check One:

☐ **Original** (License Plate and Decal)

or

☐ **Replacement** (License Plate and Decal)

Fee: \$14.60

(\$8.00 fee plus \$6.60 mail fee. Allow 8 weeks.)

Applicants for Replacement must indicate current special license plate number in the space below:

Remittance made payable to the Service Oklahoma must accompany the application. Driver license number must appear on check or money order.

***Original applicants must complete the certificate on Page 2 of this application and mail the application and money to the address listed.**

The boxes below are required to be completed. This information can be found on your current vehicle registration.

I certify that the plate will be displayed on the following vehicle:

Oklahoma Title Number (Not VIN Number)	Year and Make	License Plate Number	Decal # on License Plate (Example: 0F00000)	Decal Expiration

By signing below, I hereby affirm, under penalties of perjury, that I understand all other plates will be ceased upon issuance of a new specialty plate.

Signature: _____

1. Once a special plate is issued and assigned to a vehicle, it shall be the only plate displayed on the vehicle. When a new plate is issued and assigned to a vehicle, all plates previously assigned to the vehicle will be ceased. All ceased plates should be disposed of or surrendered to a Licensed Operator or Service Oklahoma.
2. When a new specialty plate is issued and assigned to a vehicle, the new plate will expire the same month as the previous plate.
3. Once a special license plate has been assigned to an applicant, the applicant shall have priority to such license plate for succeeding years, provided a timely paid application for renewal is submitted. To ensure receipt of a renewal application each year, notify Service Oklahoma of any change in your address.
4. Upon renewal of the special or personalized plate all renewal fees will be due for both primary and specialty registration. Penalties will apply.
5. Transfers of all plates, including specialty plates, from one vehicle to another vehicle, can only occur when titling a vehicle.

Service Oklahoma
PO Box 26940
Oklahoma City, OK 73126-0940
Telephone: (In-State toll free) 800-522-8165
Phone: 405-521-2468
<https://service.ok.gov>



Oklahoma City Bombing Victim's and Survivors Families Qualification Certificate

(Please print or type clearly)

To qualify for the Oklahoma City Bombing Survivors and Victim's Families license plates you must complete both sides of this application. Send the completed application and check or money order in the amount of \$13.00, made payable to Service Oklahoma, to the Department of Health at the address below. After verification it will be forwarded to Service Oklahoma for processing.

Name of Applicant: _____
Last First Middle Initial

Address: _____
Street Address City State Zip Code

Telephone Number (____) _____ Social Security Number _____

Please Note: For the purposes of Survivor and Victim's Family license plates, ***Immediate family is limited to:** spouse, child, parent, sibling, grandparent, step-mother, step-father, step-brother, step-sister, step-child, father-in-law, mother-in-law, brother-in-law and sister-in-law.

- Applicant is a (an)
- | | | |
|---|------------------------------|-----------------------------|
| 1. Survivor of the April 19, 1995 Oklahoma City Bombing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. *Immediate Family Member of a Victim of the Bombing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. *Immediate Family Member of a Survivor | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" to item 2 or 3 above, please complete the following:

Victim's or survivor's name: _____

Victim's or survivor's address: _____

Your relationship to the victim/survivor: _____

To the best of my knowledge, the above information is true and correct and can be verified by the following Organization(s).
[Please check all that apply]

☐ Employing Organization: (Specify name, address, contact person, and telephone number):

☐ Injury Prevention Service, Oklahoma State Department of Health (Telephone: 405-271-3430)

☐ Oklahoma Federal Executive Board (Telephone: 405-231-4167)

☐ Victim – Witness Assistance Unit, U.S. District Attorney's Office for the Western District of Oklahoma
(Telephone: 405-553-8898)

☐ Other (Please specify) _____

Do not write below this line. For authorized Department of Health Personnel Only.

Mail this application and check to:

**Oklahoma State Department of Health
Injury Prevention Service
123 S Robert S Kerr Ave Ste 1702
Oklahoma City, OK 73102**

Certification of Eligibility

Unable to Verify: _____

Verified by: _____

Source of Verification: _____

Date: _____ / _____ / _____