

ELIGIBILITY: You must be an ACTIVE member of The New York State Dental Association. Submission of any false information may result in the prevention and /or revocation of your privilege to have NYSDA plates under Section 392 of the Vehicle and Traffic Law, and regulations set forth by the Commissioner. This form will be accepted when accompanied by an accepted method of payment and the General Consent for Release of Personal Information is signed and notarized.



**The New York State Dental Association Custom License Plate Order Form**  
 These plates (DMD or DDS) are available to any New York State licensed dentist residing in this state who is a member of the New York State Dental Association.

**Please Print**

Current NYS Vehicle Plate # \_\_\_\_\_ Expires \_\_\_\_\_  
 Vehicle Class: \_\_\_\_\_ Passenger \_\_\_\_\_ Commercial \_\_\_\_\_

**Name (as it appears on your current registration)**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_ County of Residence \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Telephone # (9am – 4pm) ( ) \_\_\_\_\_ - \_\_\_\_\_

Qualifying Degree  DMD  DDS

**Copy of the NYS Department of Education registration certificate must be attached.**

Standard NYSDA Custom Plate Initial Cost: \$48.00

Annual Renewal Fee (in addition to normal registration fee, billed every two years): \$30

*Twenty dollars (\$20) of the \$30 annual renewal fee will be deposited in the New York State Dental Foundation Fund for the benefit of dental education and public access programs.*

New York State Department of Motor Vehicles

**GENERAL CONSENT FOR RELEASE OF PERSONAL INFORMATION**

I \_\_\_\_\_, authorize the New York State Department of Motor Vehicles to disclose or otherwise make available to NYSDA my name, address, plate number and registration information during the time period in which I hold NYSDA plates issued by DMV.

Motorist's Signature \_\_\_\_\_ STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ before me personally appeared \_\_\_\_\_  
 (1<sup>st</sup>, 2<sup>nd</sup>) (Month, Year)

to me known and who by being duly sworn, acknowledged to be person described in and who executed the foregoing consent and he/she duly acknowledged to me that he/she executed the same.

\_\_\_\_\_ Notary Public

Make checks payable to: Commissioner of Motor Vehicles

Enclosed is my check for the amount of \$ \_\_\_\_\_

Charge my:  MasterCard  Visa  AMEX  DISCOVER

Name as it appears on credit card \_\_\_\_\_

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

CERTIFICATION: Authorized Signature and Seal: \_\_\_\_\_ Date: / / Plate No. \_\_\_\_\_

**RETURN ORDER FORM TO:**

THE NEW YORK STATE DENTAL FOUNDATION, 121 STATE STREET, 4<sup>TH</sup> FLOOR, ALBANY, NY 12207

Phone: 1-800-255-2100 Fax: 1-518-465-3219

DEGREE VERIFIED AND ORDER FORM APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

**THESE PLATES CANNOT BE PERSONALIZED - PLEASE ALLOW 4-6 WEEKS FOR PROCESSING**