Form 411222 Iowa Department of Transportation				Dept. Use Only		
Form 411222				CK#	Amt:	GC#
APPLICATION FOR PERSONALIZED PLATES Regular County Design			Date:	Date: Order #		
			Plate # Issued:		Ву	
Who is Eligible: Owners of passen	ger vehicles, trucks	, travel trailers and trailers, ir	cluding co	mmercial trucks a	nd trailers (pro	prate).
		e at least 2 characters and n up to 6 characters. No punc			cters and num	bers (1-9). Motorcycle
Restrictions:						
Personalized plate						
		acters as listed below:				
	hrough 9999ZZ through 999ZZZ	000AA through 999ZZ 0000A through 9999Z		through ZZ999 through Z9999	A000 thro Numbers	0
	ernmental agencies					·,
contempt, p substance o	orejudice, hostility, i	e any combination of charac nsult, or racial or ethnic deg offensive or a foreign word em.	gradation;	recognized as a s	wear word; a	reference to an illegal
Vehicle Types Eligible	e :					
 Passenger 	 Truck 		 Travel T 	railer	• Mo	otorcycle/Small Trailer

Apportioned Semi-Trailer/Trailer

_____ Current Plate # _____

Reinstatement Only - No Plate Needed

□ Motorcycle/Small Trailer

__ City _____ State _____ Zip Code _____

Select Plate Message:

Large Trailer

Check Vehicle Type:

Large Trailer

A. REASON FOR APPLYING

B. APPLICANT INFORMATION Owner's Name

Lessee

Lessee Address

motor homes.

Fee for Personalized Plates: \$25 initial plate fee.

Select up to five message choices and their meaning.

C. LICENSE PLATE MESSAGE & VEHICLE TYPE:

First Choice	Second Choice	Third Choice	Fourth Choice	Fifth Choice
Meaning:	Meaning:	Meaning:	Meaning:	Meaning:

County Residing In _____ Daytime Telephone #_____

To order a plate you will need to determine the vehicle type: Passenger vehicles include automobiles, vans, multipurpose vehicles and

Travel Trailer

Apportioned Semi-Trailer/Trailer

D. GIFT SECTION

If ordering as a gift, please complete this section.

Gift Certificate Only Plate Choice Ordered (List plate choice above.)

• Apportioned Truck/Truck Tractor

Reinstatement - Plate Needed

\$5 annual validation fee at the time the annual registration renewal fee is paid.

Mailing Address ______ City, State, Zip Code ______

(Attach a copy of the lease agreement, if leased)

Truck Tractor

Apportioned Truck/Truck Tractor

From	Telephone #
Address	_ City, State, Zip

Mail this completed application with your check or money order in the amount of \$25 to: Iowa DOT Office of Vehicle Services P.O. Box 9278 Des Moines, IA 50306-9278