



Application for a Disabled American Veteran License Plate

Applicant must be at least 50% service connected disabled to qualify.

The name of the Disabled American Veteran must appear on the face of the title. This license plate will **replace** the license plate currently on your vehicle. The initial issuance will be from this office. Subsequent renewals may be processed at a local tag office or Service Oklahoma. Complete this application and mail it to the address on Page 2 of this form.

Fee:	\$5.00
Insurance Fee:	<u>1.50</u>
Total Fee (if picked up):	\$6.50
Mail Fee:	<u>6.15</u>
Total Fee (if mailed):	\$12.65

Titled in the Name of

Address

City, State, Zip Code

Telephone Number

Drivers License Number

Email Address (Optional)

Please allow 4 weeks for processing.

Your drivers license number must appear on your check.

For Service Oklahoma Use Only
DAV Plate Number
Decal Number

You may choose only one type of Disabled American Veteran license plate.

<input type="checkbox"/> DAV plate without the international accessibility symbol.
<input type="checkbox"/> DAV plate with the international accessibility symbol . You must list the number and expiration of your parking placard issued by Service Oklahoma in the spaces provided below. My physically disabled parking placard number _____ expires _____ , 20 ____ .
<input type="checkbox"/> DAV Motorcycle plate without the international accessibility symbol.

I certify that Disabled American Veteran license plate will be displayed on a vehicle with a description as follows:

Title Number	Vehicle Identification Number	Year and Model	License Plate Number	Month and Year of 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: _____

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I certify that I _____ am the principal driver of this vehicle,
(Name of DAV)

which is titled in the name of my _____
(Relationship to DAV)

Signature of Applicant

Instructions

The following items must accompany your completed application.

- 1) Your remittance made payable to Service Oklahoma.
- 2) A current insurance verification form.
- 3) A copy of the Reduced Licensing Charge Card Form 599 issued by the Oklahoma Department of Veteran Affairs (DO NOT send original, it will not be returned), or a letter issued by the Oklahoma Department of Veteran Affairs for the purpose of registering your vehicle (This is not the letter issued by the Oklahoma Department of Veteran Affairs which indicates the percentage of disability.).
- 4) The Disabled American Veteran's name must appear on the face of the title or you must be the principal driver of the vehicle. If you are not the owner, but are the principal driver of the vehicle the following statement must be completed.

**Service Oklahoma
PO Box 26940
Oklahoma City, OK 73126-0940
(In-State toll free) 800-522-8165
405-521-2468**

<https://service.ok.gov>