



# Marine Corps League

Department of New Jersey

INCORPORATED BY ACT OF CONGRESS

The following are the instructions that are required to be completed when applying for special Marine Corps League License Plates:

1. You must belong to a **Marine Corps League Detachment** within the State of New Jersey OR be a **Life Member at Large** with the Leaguers name and address within the state of New Jersey. You can belong to a Marine Corps League Detachment in another state, but registration of vehicle must be in the Leaguers name and show that the vehicle is registered with the Motor Vehicle Commission.
2. All vehicles must be registered in the **Marine Corps League Member's Name**. You can apply for more than one set of plates as long as the vehicle is registered in the Member's name.
3. Fill out the organization special plate application front and back. Enclose a photocopy your Vehicle Registration and your **National MCL Membership I.D. Card** along with your check and application. Paperwork cannot be submitted to NJ Motor Vehicle Commission if it is not complete as per instructions.
4. Make **\$35.00 checks payable to MCL – Dept of NJ** (Marine Corps League – Department of New Jersey). Each set of plates cost \$35.00. Keep this in mine if ordering more than one set.
5. Mail to: Marine David Keene  
PO Box 191  
Tuckahoe, NJ 08250-0191

(Enclose: Application, Check, copy of Membership Card and copy of Vehicle Registration)

If you have any questions please feel free to call me at 609-484-9253 between the hours of **0900 to 1900**. **Please be considerate about the calling times.** I do have an **answering machine on at all times** if I am not home.

**NOTE:** If you have been convicted of DWI or RECKLESS DRIVING in the State of New Jersey in the last 10 years, your application will be DENIED by the NJ MVC. **MVC does check the records on all requests for plates!**

You **must** continue to **renew your membership** in the Marine Corps League Detachment each year **to retain your plates**.

Regular Plate



Personalized Plate




*Once a Marine, Always a Marine*

You may obtain replacement plates at a cost of \$11.00 from NJ MVC. **Turn your old BLUE Plates into new ones** and keep your same old plate number. This is between a member and NJ MVC. The License Plate Chairman is NOT involved and forms are available at any NJ MVC Agency.

**Personalize your MCL Plates** with up to 5 spaces (letters or numbers). Once you have MCL plates in your possession, apply with the NJ MVC for personalized MCL Plates at a cost of \$50.00. This is between a member and NJ MVC. The License Plate Chairman is NOT involved and forms are available at any NJ MVC Agency. Make sure you tell them you already have MCL “Leatherneck” Plates and you want Personalized “Leatherneck” Plates. I would include a note stapled to MVC Personalized Plate Application so there are no mistakes.

Please be aware that your MCL Plates may take up to two months to get to the member. Motor Vehicle Commission has total control over the shipment of all plates. Please provide all the necessary paperwork and the process will move as fast as possible.

### FRONT of Application

 <p>SPECIAL PLATE UNIT—CN 015 TRENTON, NEW JERSEY 08666-0015 609-292-0800</p>	<p>ISM/SPU-116 (R10/93) <b>ORGANIZATION SPECIAL PLATE APPLICATION</b></p>				<p><b>Do Not Fill In</b></p>	
	FOR DIVISION USE	ISSUED	COORDINATOR ASSIGN PLATE NUMBER HERE →	ASSIGN		
<p><b>TO ORGANIZATION MEMBER:</b></p> <p>INSTRUCTIONS: DO NOT DETACH THIS STUB. Fill in your name and address on the other side. Complete all sections of the application. PRINT CLEARLY OR TYPE. Enter the vehicle description EXACTLY as it appears on the registration certificate. Vehicle MUST be owned or leased by the applicant. See information sheet.</p>	MONTH	REGISTRATION EXPIRES YEAR	FULL SERIAL NUMBER OF VEHICLE			
<p><b>TO ORGANIZATION LIAISON:</b></p> <ol style="list-style-type: none"> <li>Assign plate number in right hand corner.</li> <li>Sign the certification on the reverse side certifying that the applicant is a member.</li> <li>Return the completed application to the EXACT address shown above together with: A PHOTOCOPY OF THE MEMBER'S CURRENT VEHICLE REGISTRATION CERTIFICATE, describing the vehicle on which these plates are to be placed.</li> </ol>	NAME OF REGISTERED OWNER		DRIVER LICENSE NUMBER			
	STREET ADDRESS		CITY	STATE	ZIP CODE	
	VEHICLE MAKE	YEAR	VEH. TYPE	WEIGHT CLASS	COLOR	MODEL
	YOUR BIRTH DATE		SEX	PRESENT PLATE NUMBER		
	<p>I certify the statements on this application are true and I understand I must surrender the Organization license plates to the Motor Vehicle Services within 15 days after my association with the Organization is terminated.</p>					
	SIGN HERE X _____			DATE _____		
	Member's Signature					

**INSTRUCTIONS**

**TO THE ORGANIZATION'S MEMBERS: ANSWER THE QUESTIONS BELOW.**

- Have you ever been convicted of:
  - R.S.39:4-50 "operating a motor vehicle while under the influence of alcohol or drugs," or while "impaired" from use of alcohol? Yes  No
  - R.S.39:4-96 "reckless driving?" Yes  No
  - R.S.2A:113-9 "Killing by driving vehicle carelessly and heedlessly?" Yes  No
- Has your driving privilege been revoked or suspended for any reason within the past two years? Yes  No

If you answer "yes" to any part of question 1, **DO NOT APPLY**. Special plates can never be issued to you under Motor Vehicle law and/or regulation.

### BACK of Application

<p>Certification by Organizational Special Plate Liaison</p> <p>To: Director, Motor Vehicle Services, I the undersigned, do certify that the applicant named herein is a member of good standing in:</p> <p style="text-align: center;">(Organization's Name)</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">NAME</td> <td style="width: 40%; text-align: center;"><b>Do Not Fill In</b></td> <td style="width: 30%;">CURRENT PLATE #</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> </tr> </table> <p>X _____ Signature of Organization Liaison</p>	NAME	<b>Do Not Fill In</b>	CURRENT PLATE #	STREET ADDRESS			CITY	STATE	ZIP CODE	<p>Please fill in your name, address and zip code on this plate mailing stub. Thank you.</p> <table border="1" style="width: 100%;"> <tr> <td colspan="3">NAME</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> </tr> </table>	NAME			STREET ADDRESS			CITY	STATE	ZIP CODE
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