



*subject to change

APPLICATION FOR MA NURSE LICENSE PLATE

Customer Information:

Name: _____ License #: _____

Address: _____ Daytime Telephone: _____

City/State/Zip: _____

Current Plate # (if applicable) _____ Ship Plate to: _____
(Registry of Motor Vehicles branch location; visit www.mass.gov/rmv to find out nearest branch)

Reg # Assigned: _____
Payment Received: _____ Amt: _____ Check number: _____

INSTRUCTIONS:

1. Fill out the information requested above.
2. Before manufacturing of these plates begins, ONL must collect 750 pre-orders (and payments). *Once that number is achieved, it will take approximately 6 to 8 months to manufacture the plates and distribute to the RMV branches.*
3. Mail or email this application with a \$40 check made payable to “ONL” to the address below. If you wish to pay by credit card, please call the ONL office at the number provided. Please note: Your payment will be processed when the application is received. **DO NOT send this application to the RMV.**

Organization of Nurse Leaders, Inc.
800 West Cummings Park, Suite 5600
Woburn, MA 01801
(781) 272-3500
info@oonl.org

4. Note: There is a \$20 plate swap fee plus any applicable registrations fees due at the time of plate pick-up. These fees will depend on your current plate number and expiration year.
5. You will be notified by mail that your plates have been shipped to the requested Registry of Motor Vehicles branch. Bring your registration and current plates (if applicable) to the branch at that time.
6. Registrations must be renewed every two years.
7. If you are putting your plate on a newly acquired vehicle, you must pay applicable sales tax, title and registration fees *at the time of registration.*
8. These special plates are available to Massachusetts residents using this form only.
9. Please note your top three number choices between 100 and 850 for a plate number on a separate piece of paper.

Registry Use Only
RMV Batch No. _____ Approved _____