

UBNJ LICENSE PLATE

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Please print out this application and mail it to the address above along with a photocopy of your current motor vehicle registration and a check for \$50.00 payable to UBNJ.

Registration Expires: Month _____ Year _____

Full Serial Number of Vehicle: _____

Driver Lic. Number: _____

Name or Registered Owner: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Vehicle Make: _____ Year: _____ Vehicle Type: _____

Weight Class: _____ Color: _____ Model: _____

Present Plate Number: _____

Your Birth Date: _____ Sex: _____

Home Phone Number: _____ UBNJ Membership Number: _____

I certify the statements on this application are true and I understand I must surrender the Organization License Plates to Motor Vehicle Services within 15 days after my association with the Organization is terminated.

Signature: _____ Date: _____

INSTRUCTIONS: To the Organization's Members: Answer the questions below.

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 Has your driving privilege been revoked or suspended for any reason within the past two years?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

IF YOU ANSWERED YES TO ANY PART OF QUESTION 1, DO NOT APPLY.

Please Print Clearly and Legibly – This form may be photocopied!

Remember to stay an active member; it's a requirement to hold only UBNJ plates!