Order your Spectacular Peninsulas license plate today!

Clear Form

To replace a valid license plate with a Spectacular Peninsulas plate, or to purchase a collector version, fill out this application. Plates may be purchased by mail, fax or in person at a Secretary of State office. There is a $5 fee to purchase a Spectacular Peninsulas plate. For an additional prorated fee, your plate may be personalized. Check for the availability of a personalized plate using Plate it Your Way. Personalized plates may only be ordered at a Secretary of State office. Your new plate will arrive by mail within 14 days.

To Purchase by MAIL:

Complete the order form below. If paying by check or money order, make payable to **State of Michigan.** If paying by credit card, complete the credit card section below. Mail this completed application to: **Michigan Department of State, Renewal By Mail Unit, Lansing, MI 48918.**

To Purchase by FAX:

If purchasing by fax, you must pay by credit card. Fax the completed application to **(517) 322-6822 – 24 hours a day, 7 days a week.**

Collector Spectacular Peninsulas License Plates

Collector plates are available for $10 and are for **display purposes only – not for vehicle registration.** Each collector plate includes the word "SAMPLE" over the plate design. Collector plates cannot be personalized. To order by mail or fax, complete this form, making sure to include your address.

Spectacular Peninsulas License Plate Request Form

Name: _____

Daytime Telephone Number: ( ) _____

Current Plate Number(s)	Code	Current Plate Number(s)	Code
_____	S P	_____	S P
_____	S P	_____	S P

☐ X $5 Spectacular License Plates Quantity

☐ X $10 Sample License Plates Quantity

0 Spectacular Plate Total for this order

0 Collector Plate Total for this order

0 Total Due

Complete this section if purchasing collector plates ONLY

Street Address _____ City _____ State _____ Zip _____

My payment is by ☐ MasterCard ☐ Visa ☐ Discover ☐ Check (enclosed) ☐ Money Order (enclosed)

My signature below authorizes the Michigan Department of State to charge my account.

Credit Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ - Expiration Date ☐☐☐☐ $ Enter Total Fees Here 0 .00

Please SIGN your name **X** _____

Please PRINT your name **X** _____

Secretary of State
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