

Application for Special Farm Plate or Repossession Plate

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|------------------|-------------------------|----------|---------------------------------|
| Business Name | Business Street Address | | |
| City | State | Zip Code | Daytime Phone Number () |
| Business Purpose | | | |

Branch Office: Process these on the 11 screen. Plates will be mailed from Lansing within 10 days.

I am applying for (check one box):

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|--|--|------------|-------------------------------|
| <input type="checkbox"/> SPECIAL FARM PLATE Fee: \$20 for each plate | May be issued to a truck, truck tractor, or road tractor used exclusively for: <ul style="list-style-type: none"> ▪ Gratuitously transporting farm crops between the field where produced and the place of storage or used to transport fertilizer, seed, or spray material from the farm location to the field. ▪ Transporting livestock bedding between the field where produced and the place of storage. "Livestock bedding" means straw, sawdust, or sand. ▪ Transporting feed from on-farm storage to an on-farm feeding site. "Feed" means hay or silage. <p>No other driving is allowed. Proof of insurance must be submitted.</p> | | |
| Vehicle Information: | | | |
| Year | Make | Body Style | Vehicle Identification Number |

I certify I am eligible for the Special Farm plate(s) requested and that the assigned plates will only be used as noted above.

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|-----------------------|------------------------|
| Signature X | Date |
| Printed Name | Drivers License Number |

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| <input type="checkbox"/> REPOSSESSION PLATE Fee: \$20 for each plate No. requested: _____ x _____ = _____ Total Fee | Repossession plates may be issued to an individual, partnership, corporation, or association who in the ordinary course of business has occasion to legally repossess a vehicle in which a security interest is held. These plates are used to move and dispose a repossessed vehicle. Proof of insurance for all non-owned vehicles must be submitted. |
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I certify I am eligible for Repossession plate(s) requested and that the assigned plates will only be used as noted above.

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|-----------------------|------------------------|
| Signature X | Date |
| Printed Name | Drivers License Number |

Application for In-transit Repair Plate

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|------------------|-------------------------|----------|---------------------------------|
| Business Name | Business Street Address | | |
| City | State | Zip Code | Daytime Phone Number () |
| Business Purpose | | | |

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|---|---|
| <input type="checkbox"/> IN-TRANSIT REPAIR PLATE Fee: \$20 for each plate No. requested: _____ x = _____ Total Fee | In-transit Repair plates may be issued to an individual, partnership, corporation, or association who in the ordinary course of business has occasion to legally pick up or deliver a vehicle not required to be titled, or to repair or service a vehicle, or to persons defined as dealers under Public Act 303 of 1967, for the purpose of delivering a watercraft or trailer to a customer or to or from a boat show or exposition. <p style="text-align: center;">-or-</p> May be issued to an individual, partnership, corporation, or association who in the ordinary course of business has occasion to legally pick up a vehicle which will be offered for sale at an auction, or deliver a vehicle which has been offered for sale at an auction. Proof of insurance for all non-owned vehicles must be submitted. |
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| Number of In-transit Repair plates currently owned: |
| Describe how the In-transit Repair plate(s) will be used: |
| |

I certify I am eligible for the In-transit Repair plate(s) requested and that the assigned plates will only be used as noted above.

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|-----------------------|------------------------|
| Signature X | Date |
| Printed Name | Drivers License Number |

The Secretary of State reserves the right to determine the number of Repossession and In-transit Repair plates that may be issued to a qualifying entity.

For questions regarding this application please contact the Department of State Information Center at 888-SOS-MICH (767-6424). All Secretary of State offices accept cash, checks, money orders, MasterCard, and Discover credit and debit cards (a nominal service fee will be charged for credit and debit card usage).

If applying by mail please pay by check or money order payable to the State of Michigan. Return completed application, proof of insurance as described above, and fee to any Secretary of State office or mail to:

Michigan Department of State
Renewal by Mail Unit
Lansing, MI 48918