



Order Your Mackinac Bridge License Plate Today!

To replace a valid license plate with a Mackinac Bridge 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 Mackinac Bridge 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 21 - 30 days. Note: Your normal registration fees will apply when purchasing a Mackinac Bridge plate for a new vehicle or at renewal.

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 Discover, MasterCard or Visa credit card, complete the credit card section below. Mail the completed application along with payment 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.**



Mackinac Bridge Collector Plates

Collector plates are for **display purposes only — not for vehicle registration**. Each Mackinac Bridge 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.

MACKINAC BRIDGE PLATE ORDER FORM

Name: _____

Daytime Telephone Number: _____

Current Plate Number(s)	Code	Current Plate Number(s)	Code
_____	MAC	_____	MAC
_____	MAC	_____	MAC

X \$5 Bridge License Plate(s) Quantity

X \$10 Collector License Plate(s) Quantity

\$ <input type="text"/>	Bridge Plate Total
\$ <input type="text"/>	Bridge Collector Plate Total
\$ <input type="text"/>	Total Amount Due

Complete this section if purchasing Collector License Plate(s) ONLY

Street Address _____ City _____ State _____ ZIP _____

My payment is by (select one):

Discover
 MasterCard
 Visa
 Check (enclosed)
 Money Order (enclosed)

Credit Card Number

Credit Card Expiration Date

TOTAL FEES DUE

\$

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

Please **SIGN** your name x _____

Please **PRINT** your name x _____

