UNIVERSITY OF DELAWARE LICENSE PLATE PROGRAM
STATE OF PENNSYLVANIA
GENERAL INFORMATION & PAYMENT FORM

• Vehicle must be currently registered in the state of Pennsylvania.

• The applicant listed in Section A must be a registered owner of the vehicle as indicated on the vehicle’s registration credential. If the vehicle is a leased vehicle, Form MV-1L, “Application for Lessee Information,” must be completed and attached.

• No special organization registration plate will be duplicated. If your plate is lost, stolen or defaced, the Bureau of Motor Vehicles will reissue you the next available plate in the series. To apply for replacement, complete Form MV-44 and submit the required fee.

• Requests for special organization registration plates are restricted to passenger vehicles, trucks and motorhomes. Motorcycles and trailers do not qualify for special organization registration plates.

• No refund will be issued when applicant cancels request after order is placed.

• Special organization plates are issued in number sequence only and may not be personalized.

• To avoid possible problems with citations with your old registration plate, return it to: Department of Transportation, Bureau of Motor Vehicles, Return Tag Unit, PO Box 68597, Harrisburg, PA 17106-8597, after you have received your special organization plate.

• The completed application and payment form with charge card information, check or money order payable to the University of Delaware in the amount of $75 should be mailed to: UD License Plates, Development & Alumni Relations, University of Delaware, 83 E. Main St. – 3rd Floor, Newark, DE 19716. This includes the $26 Bureau of Motor Vehicles fee. The remaining proceeds benefit Alumni Association scholarships and programs.

• Plates will be mailed directly to the applicant from the PA DMV. Please allow 10-12 weeks for processing.

• Questions can be directed to Desirée Alexander at ddalex@udel.edu or 302.831.7138

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PENNSYLVANIA PAYMENT FORM

__________ Enclosed is my $75.00 check made payable to “University of Delaware.”

__________ Please charge $75.00 to my: _____ VISA   _____ MasterCard _____ AMEX   _____ Other

Card Number: ____________________________ CVV: _______ Expiration Date: _______

Please Print Name: ____________________________________________________________________

Email Address: ______________________________________________________________________

Billing Address: ______________________________________________________________________

Signature: ____________________________ Daytime Phone: __________________________

I am an:   Alum (please list class year): ________ Parent of: ___________________________ Other: ___________

How did you hear about UD plates? __________________________________________________________________

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Return bottom portion with your application.

Updated 10.30.2018 dda