

Name of Organization

PETITION FOR PARTICIPATION IN THE SPECIAL GROUP RECOGNITION LICENSE PLATE PROGRAM

State Form 55352 (R3 / 12-24)
INDIANA BUREAU OF MOTOR VEHICLES

The legal authority for this form is IC 9-18.5-12-3 Section 8.

INSTRUCTIONS: This petition is used to support an application for a special group recognition license plate. The organization must also complete an application (State Form 54852) which is subject to review under IC 9-18.5-12. This petition must be filed with the Bureau of Motor Vehicles by the applicant on or before 3 pm ET April 1. Application is for plate issuance the following registration year. This petition must contain the original signatures of at least five hundred (500) residents of Indiana who pledge to purchase the special group recognition license plate in accordance with IC 9-18.5-12-3 (a)(8), to meet an application for participation requirement (attach and number additional pages, as needed). The petition must be submitted with the application (State Form 54852). The BMV reserves the discretion to deny an application if the pledge list is incomplete or appears fraudulent.

TO THE INDIANA BUREAU OF MOTOR VEHICLES:

Each of the undersigned represents that the individual is a resident of the state of Indiana, resides at the address provided on this petition, and by signing this petition, is pledging to purchase this organization's distinctive license plate in the event the application is approved, and the license plate is available for registration.

APPLICANT INFORMATION

Organization Address (number and street)			City		State	ZIP Code
Organization Application Contact Name		Contact Telephone Number		Contact E-mail Address		
PRINTED NAME	Street, Ci	INDIANA ADDRESS Street, City, State and ZIP Code (No PO Boxes)		SIGNATURE		DATE SIGNED (mm/dd/yyyy)
I swear or affirm, as an authorized officer of the organization, that the signatures on this petition and any other petitions submitted to the BMV were obtained in accordance with IC 9-18.5-12-3.						
Signature Printed Name					Date Signed (mm/dd/yyyy)	
	PRINTED NAME	PRINTED NAME Street, C. (IND.) Street, C.	PRINTED NAME INDIANA ADDR Street, City, State and (No PO Boxe) Firm, as an authorized officer of the organization, that the BMV were obtained in accordance with IC 9-18.	PRINTED NAME INDIANA ADDRESS Street, City, State and ZIP Code (No PO Boxes) Firm, as an authorized officer of the organization, that the signatures of the BMV were obtained in accordance with IC 9-18.5-12-3.	PRINTED NAME INDIANA ADDRESS Street, City, State and ZIP Code (No PO Boxes) Siron, as an authorized officer of the organization, that the signatures on this pet the BMV were obtained in accordance with IC 9-18.5-12-3.	PRINTED NAME Street, City, State and ZIP Code (No PO Boxes) SIGNATURE Signature Firm, as an authorized officer of the organization, that the signatures on this petition and any the BMV were obtained in accordance with IC 9-18.5-12-3.