

Order your license plate to help fight childhood cancer

- Print and fill out the form on this page
- Write a \$45 check payable to Primary Children's Hospital
- Give the form and check to:

Laura Millar, Primary Children's Cancer Transplant Unit
100 N. Mario Capecchi Drive
Salt Lake City, UT 84113

Questions? Call Laura Millar at (801) 662-4565

	Utah State Tax Commission Division of Motor Vehicles • PO Box 30412 • Salt Lake City, UT 84130 • 801-297-7780 or 1-800-368-8824	TC-203 Rev. 6/16
	New Utah Special Group Plate Application Submitted by Individuals to the Plate's Sponsoring Organization	

Get forms at tax.utah.gov/forms

Section 1: Sponsoring Organization Information

Name of the special group plate Childhood Cancer License Plate	Name of the sponsoring organization Primary Children's Hospital
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Section 2: Vehicle Owner Information Relationship to co-owner: And Or

Primary owner's name (last, first, middle initial, or business name)	Co-owner's name		
Street address (primary owner)	City	State	ZIP code
Mailing address, if different from Street address (primary owner)	City	State	ZIP code
Phone	Email		

Section 3: Vehicle Information (Passenger, Truck, or Trailer only - Motorcycles are not eligible for Special Group plates)

Note: Vehicle must have a valid registration in order to issue the Special Group plate.

On your Auto Insurance ID Card

Year	Make	Model	Plate number
Vehicle Identification Number		Registration expiration (mm/yyyy)	

Section 4: Owner Signature(s)

I declare that I am the owner of the vehicle described on this application and that all the above information is accurate and true. I understand that this application is an attempt for the Sponsoring Organization to collect 500 applications, and that this Special Group plate is not available for purchase at this time. If and when the Sponsoring Organization meets the provisions of Utah Code §41-1a-418(2)(a), this plate will be available for issue within six months. At that time, the Special Group plate listed will be issued to the vehicle and owner identified above. The plate will be mailed to the address above.

Owner's signature	Date
Co-owner's signature	Date

This application, along with the required funds*, should be submitted directly to the organization sponsoring this Special Group plate. Any questions concerning this plate should be directed to the Sponsoring Organization.

***Required Funds**

- \$ 11.00 Special Plate Fee
- \$ 5.00 Registration and Decal Replacement
- \$ 4.00 Postage
- \$ 25.00 Initial Contribution (determined by Sponsoring Organization)
- \$ 45.00 Total Amount Due with Application (payable to Sponsoring Organization)

Note: Additional registration fees may be due if the vehicle does not have a current registration.

*** Annual fees associated with this license plate will benefit Primary Children's Hospital. ***

