



KYTC 96-15aa
Rev. 01/25/07

Application for Kentucky Autism Awareness Specialty Plate

Name: _____

Address: _____

City: _____ County: _____ Zip: _____

Email address: _____

Pursuant to KRS 186.164 - This is a non-profit organization in compliance with the parameters of the Kentucky Revised Statues.

I am applying for the following special license plate: **Autism Awareness**

Applications must be submitted to (point of contact): **Natalie Pope**

Name of Sponsoring Organization (sponsor only): **FEAT of Louisville**

Checks are made payable to **Kentucky State Treasurer**
Mail application and **UNDATED** check to: **KY Autism Awareness Plate**
P.O. Box 2
Crestwood, KY 40014

Total number of requested vehicles: _____ x \$28.00** = _____

An additional voluntary donation of up to \$10.00 per plate requested may be included with the registration fee (i.e. \$28.00 plus \$10.00 = \$38.00), which will be placed in a general account to fund activities and projects to increase autism awareness in Kentucky. Multiple requests may be combined on one check. **Checks must be left undated due to the length of time this project may take to complete.

Further details of this project can be found at www.kyautismawareness.com