



## APPLICATION FOR CIVIC EVENT LICENSE PLATES

State Form 54846 (R2 / 12-24)  
INDIANA BUREAU OF MOTOR VEHICLES

The legal authority for this form is IC 9-18.5-10.

**BUREAU OF MOTOR VEHICLES  
REGISTRATIONS DEPARTMENT**  
100 North Senate Avenue, Room N483  
Indianapolis, IN 46204  
Fax Number: (317) 233-0189

- INSTRUCTIONS:**
1. Complete in blue or black ink or print form.
  2. Return application by fax or mail to the above address.

### CIVIC EVENT INFORMATION

|   |                                  |
|---|----------------------------------|
| Civic Event Name  |                                  |
| Sponsoring Organization   | Date of Civic Event (mm/dd/yyyy) |
| Purpose of the Event  |                                  |
| State the philosophy or mission of the event and briefly describe the event's unique significance to Indiana or other organizations in the community: |                                  |
| _____   |                                  |
| _____   |                                  |
| _____   |                                  |
| _____   |                                  |
| _____   |                                  |
| _____   |                                  |
| _____   |                                  |
| _____   |                                  |
| _____   |                                  |

### PLATE INFORMATION

|                                       |   |   |
|---------------------------------------|---|---|
| Total Number of Vehicles to be Plated | Plate Number Range<br>_____ to _____  | Plate Validation Period ( ) mm/dd/yyyy to (mm/dd/yyyy)<br>From: _____ To: _____ |
| Plate Type                            | <input type="checkbox"/> Standard (Passenger/Truck)<br>Number of Plates _____ | <input type="checkbox"/> Motorcycle<br>Number of Plates _____                   |

### EVENT COORDINATOR CONTACT INFORMATION

|   |                          |       |          |
|---|--------------------------|-------|----------|
| Name of Event Coordinator (last, first, middle initial)   | Telephone Number         |       |          |
| Address (number and street)   | City                     | State | ZIP Code |
| Person Responsible for Vehicle Assignment if Different from Above   | Telephone Number         |       |          |
| Address (number and street)   | City                     | State | ZIP Code |
| I swear or affirm that the information I have entered on this form is correct. I understand that making a false statement may constitute the crime of perjury and may result in revocation of civic event plate privileges. |                          |       |          |
| Signature of Event Coordinator  | Date Signed (mm/dd/yyyy) |       |          |

### FOR BMV USE ONLY

|                        |   |                          |
|------------------------|---|--------------------------|
| Commissioner Signature | <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Date Signed (mm/dd/yyyy) |
|------------------------|---|--------------------------|