



ALABAMA DEPARTMENT OF REVENUE  
MOTOR VEHICLE DIVISION

MVR 32-6-64CP  
Rev. 3/2014

Commitment To Purchase Application  
FOR DISTINCTIVE LICENSE PLATES

Please complete this form in its entirety and return it to the sponsoring organization. If there is a membership only requirement to purchase a pre-commitment, please submit a copy of the membership verification document with this form.

NAME OF APPLICANT (MUST BE OWNER OR CO-OWNER OF VEHICLE)		REQUESTED DISTINCTIVE LICENSE PLATE CATEGORY (TAG TYPE) <b>PROSTATE CANCER RESEARCH</b>	
MAILING ADDRESS		NO. OF COMMITMENTS THIS APPLICATION	FEES REMITTED (Add'l Fee X No. of Commitments) \$
CITY	STATE	ZIP	COUNTY
			TELEPHONE NUMBER ( )
EMAIL	WILL THIS PLATE BE PERSONALIZED? <input type="checkbox"/> YES <input type="checkbox"/> NO		LICENSE PLATE NUMBER
			STATE OF ISSUANCE

COMMITMENTS

	MAKE OF VEHICLE	MODEL	VEHICLE YEAR	VEHICLE IDENTIFICATION NUMBER (VIN)
1				
2				
3				
4				
5				

CERTIFICATION

I certify that the information listed above is true and correct. I own/lease the vehicle(s) described.

\* \_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

POWER OF ATTORNEY

I appoint Mike Slive Foundation as my attorney-in-fact to process commitment to purchase application(s) in my name for the purpose of creating the \_\_\_\_\_ distinctive license plate category.

\* Signature of Vehicle Owner/Lessee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Vehicle Owner/Lessee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Appointee: \_\_\_\_\_ Date: \_\_\_\_\_

If a sponsoring organization is appointed, the signature shall be of an authorized representative of the organization who will perform as attorney-in-fact for the owner.