

APPLICATION FOR CELTICS LICENSE PLATES

CUSTOMER INFORMATION:

Referred by: _____

First Name: _____

Last Name: _____

Driver License #: _____

Address: _____

City/State/Zip: _____

Daytime Telephone: _____ Email: _____

Current Plate # (if applicable): _____

Ship Plate to this RMV branch: _____

(For nearest Registry of Motor Vehicles branch locations visit www.mass.gov/rmv)

Celtics Use Only

Check received

Amount: _____

Reg# Assigned: _____

Date received: _____

Check number: _____

PAYMENT INFORMATION (CHECK ONE):

Check enclosed (made out to "RMV") or **Cash** (amount received)

If address listed on application is not the billing address of the checking account, please select this box and list below.

Address: _____

City/State/Zip: _____

Daytime Telephone: _____ Email: _____

Registry Use Only

RMV Branch #: _____

Approved: _____



INSTRUCTIONS:

1. Fill out the information requested on reverse.
2. Return this application with a \$40 check or cash to: **Celtics License Plate, P.O. Box 146729, Boston, MA 02114. Do not send to the RMV. However, please make all checks payable to RMV.** Please note that there is a \$20 plate swap fee, plus any applicable registration fees, due at the time of plate pick-up. Please also be advised that checks will only be cashed and license plates delivered after the team collects the required minimum 1,500 completed applications and payments. *(Once that number is achieved, it will take approximately 6 months to manufacture the plates and to reach specific branches.)*
3. You will be notified by mail that your Celtics plate has been shipped to the requested RMV branch. If applicable, remember to bring your registration and current plates to the branch at time of pick-up.
4. Registrations must be renewed every two years.
5. If you are putting your plate on a newly acquired vehicle, you must pay applicable sales tax, title and registration fees *at the time of registration.*
6. These special plates are available to Massachusetts residents using this form only; there is no online registration process at this time. However, you can print additional copies of this registration form at celtics.com. For any additional information, please call the Celtics License Plate Hotline at: 617.624.4920.



Children's Hospital
Boston



ABOUT CHILDREN'S HOSPITAL BOSTON

Founded in 1869 as a 20-bed hospital for children, Children's Hospital Boston today is the nation's leading pediatric medical center, the largest provider of health care to Massachusetts children, and the primary pediatric teaching hospital of Harvard Medical School. In addition to 347 pediatric and adolescent inpatient beds and comprehensive outpatient programs, Children's houses the world's largest research enterprise based at a pediatric medical center, where its discoveries benefit both children and adults. For more information about the hospital visit: www.childrenshospital.org.

ABOUT THE BOSTON CELTICS

A charter member of the Basketball Association of America (which evolved into the National Basketball Association) since 1946, the Boston Celtics have won a record 16 NBA Championships, including eight (8) in a row from 1959-1966, and have won NBA titles in three different eras. In addition, 29 former Celtics players, management or staff have been inducted into the Naismith Memorial Basketball Hall of Fame. For more information on the Celtics, log on to www.celtics.com.