



MISSOURI DEPARTMENT OF REVENUE
 MOTOR VEHICLE AND DRIVER LICENSING DIVISION
 SPECIALTY LICENSE PLATES
 PO BOX 569, JEFFERSON CITY MO 65105-0569
 (573) 526-3669 www.dor.mo.gov/mvdI

FORM
5052
 (RFV 11-04)

SPECIALTY LICENSE PLATE DEVELOPMENT APPLICATION

THE FOLLOWING ITEMS MUST BE SUBMITTED WITH THIS COMPLETED FORM:

- PROOF ORGANIZATION IS A NOT-FOR-PROFIT ENTITY (IS REGISTERED PURSUANT TO 501 (C) OF THE 1986 INTERNAL REVENUE CODE AS AMENDED, OR EQUIVALENT LAW);
- \$5,000 APPLICATION FEE; AND
- LIST OF 200 POTENTIAL LICENSE PLATE APPLICANTS.

SEE INSTRUCTIONS AND ADDITIONAL INFORMATION ON REVERSE.

STEP 1 ORGANIZATION INFORMATION

NAME National Multiple Sclerosis Society		ADDRESS [REDACTED]	
CITY [REDACTED]		STATE [REDACTED]	ZIP CODE [REDACTED]
TELEPHONE NUMBER [REDACTED]		FAX NUMBER [REDACTED]	
E-MAIL ADDRESS [REDACTED]		WEB SITE ADDRESS [REDACTED]	

STEP 2 ORGANIZATION REPRESENTATIVE/POINT OF CONTACT INFORMATION

NAME [REDACTED]		ADDRESS [REDACTED]	
CITY [REDACTED]		STATE [REDACTED]	ZIP CODE [REDACTED]
TELEPHONE NUMBER [REDACTED]		FAX NUMBER [REDACTED]	
ALTERNATE TELEPHONE NUMBER [REDACTED]		E-MAIL ADDRESS [REDACTED]	

STEP 3 LEGISLATIVE SPONSOR(S) INFORMATION -- AT LEAST ONE CURRENT MEMBER OF THE MISSOURI GENERAL ASSEMBLY MUST BE LISTED.

SPONSOR'S NAME Senator Eric Schmitt	SPONSOR'S DISTRICT Senate 15
ADDITIONAL SPONSOR'S NAME Senate Jay Wasson	SPONSOR'S DISTRICT Senate 20
ADDITIONAL SPONSOR'S NAME Representative Tim Meadows	SPONSOR'S DISTRICT House 101
ADDITIONAL SPONSOR'S NAME Representative Chris Carter	SPONSOR'S DISTRICT House 61

STEP 4 PROPOSED LICENSE PLATE INFORMATION

INDICATE BELOW THE ORGANIZATION'S NAME OR SLOGAN THAT IS TO REPLACE "SHOW-ME-STATE" (BOTTOM CENTER OF LICENSE PLATE)
 Join The Movement

DESCRIPTION OF PROPOSED LICENSE PLATE (E.G., BACKGROUND COLOR, FONT COLOR, COLOR OF "MISSOURI," ETC.):
 Orange Background (Color for MS Awareness)

INCLUDE DRAFT COPY OF THE PROPOSED LICENSE PLATE DESIGN, IF AVAILABLE.

INDICATE THE CONTRIBUTION LEVEL(S) NECESSARY TO OBTAIN AN EMBLEM USE AUTHORIZATION STATEMENT FROM THE ORGANIZATION.

- NONE
 ANNUAL CONTRIBUTION AMOUNT: \$25.00
 ONE-TIME CONTRIBUTION AMOUNT: _____
 BIENNIAL CONTRIBUTION AMOUNT: _____

Missouri

MOV4MS

MS[®]

National
Multiple Sclerosis
Society

YEAR
TAB
HERE

JOIN THE MOVEMENT

www.nationalmssociety.org

JUL