Order your Western Michigan University License Plate today!

Clear Form

To replace your current license plate with a Western Michigan University License plate (WMU), or to purchase a sample plate, fill out this application. The original fee to replace a valid license plate with a university license plate is $35. The university will receive $25. Your university license plate will be mailed within 14 days. Your university plate can be personalized for an additional $30. Original personalized license plates must be ordered at a Secretary of State branch office. You can check the availability of a personalized plate with the department's online service, Plate it Your Way at www.Michigan.gov/sos.

To Purchase by MAIL:

Complete the order form below. If paying by check or money order, make payable to **State of Michigan.** If paying by credit card, complete the credit card section below. Mail this completed application to: **Michigan Department of State, Distributed Services Unit, Lansing, MI 48918.**

To Purchase by FAX:

If purchasing by FAX you must pay by credit card. Fax this completed application to **(517) 322-1063 - 24 hours a day, 7 days a week.**

Sample University License Plates

Sample versions of each university license plate can be purchased for a onetime fee of $35. The university will receive $25. **These plates are for display purposes only — not for vehicle registration.** Each sample plate includes: "SAMPL," the logo and name of the university. Complete this form, including your address, to purchase by mail or fax.

University License Plate Request Form

Name _____

Daytime Telephone Number _____

Current Plate Number(s)	University Code	Current Plate Number(s)	University Code
_____	W M U	_____	W M U
_____	W M U	_____	W M U

☐ University License Plates Quantity

☐ Sample License Plates Quantity

0 X $35 =

0 Total Due

Complete this section if purchasing sample plates ONLY

Street Address _____ City _____ State _____ Zip _____

My payment is by

☐ MasterCard ☐ VISA ☐ Discover ☐ Check (enclosed) ☐ Money Order (enclosed)

My signature below authorizes the Michigan Department of State to charge my account.

Credit Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ - Expiration Date ☐☐☐☐ $ Enter Total Fees Here 0 .00

Please SIGN your name **X** _____

Please PRINT your name **X** _____

Secretary of State Terri Lynn Land

www.Michigan.gov/sos