MVD - 11248 REV. 01/06 State of New Mexico - Motor Vehicle Division					
APPLICATION FOR EMERGENCY MEDICA REGISTRATION PLATE Applicant and vehicle information must be as shown on the vehicle's			New Mexico Motor Vehicle Division Vehicle Services Bureau P. O. BOX 1028		
current registration form.			Santa Fe, NM 87504-1028 1-888-683-4636 or (505) 827-4636		
THIS SECTION TO BE COMPLETED BY APPLICANT - ALL INFO	RMATION MUST BE T	THE SAME A Make	S SHOWN ON CU	RRENT REGISTRATION	
				Model	
Address	Vehicle ID No	Vehicle ID No.			
City, State, Zip Code	i		Lic. Plate No.	Current Year Registered	
This application must be accompanied by a check or mo order in the amount of twenty-seven dollars, \$27.00 (no ca made payable to the Motor Vehicle Division. <i>This amoun</i>	ash) correct to th	•	information give ny knowledge.	en above is true and	
in addition to the regular motor vehicle registration fees.	Signature	Signature of Applicant (registered owner) Date			
C	AUTION				
<b>CAUTION:</b> Applicant must provide a copy of their Card information must match applicant information EMS provider, the holder of the Emergency Medi vehicle and return it to the Motor Vehicle Division	n provided hereor ical Technician p	n this form plate must	. When application when application when application when application when a construction of the second structure of the secon	ant is no longer an emove it from the	