



**Brain Injury Association of Kentucky**  
**7410 New LaGrange Road**  
**Suite 100**  
**Louisville, KY 40222**

### **Application for Special License Plate**

**Please Print or Type:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **County** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Email address** \_\_\_\_\_

I am applying for the following special license plate: **Brain Injury Assoc of KY**

Please send completed application and check or credit card info to:

Margaret Millner  
Brain Injury Association of Kentucky  
7410 New LaGrange Road  
Suite 100  
Louisville, KY 40222  
502-493-0609 ext 221 or fax 502-426-2993

Please send a check for \$30 made payable to BIAK at above address.

To use credit card please supply the following information:

Credit card # \_\_\_\_\_ date of expiration \_\_\_\_\_

And zip code for the billing address \_\_\_\_\_ or you may call the

office during the hours of 9:00 am – 5:00 pm Monday – Friday

If you have any questions please call Margaret at 502-493-0609 ext 221.