



# Collector Vehicle Exception Request

If you are applying for a collector vehicle or restored license plate and you do not own a second vehicle, use this form to request an exception. You must submit this request with your [Collector Vehicle License Plate Application](#).

## Step 1 – Describe how you use your collector vehicle

Provide a brief description of how you use your collector vehicle

## Step 2 – Describe your use of alternative transportation

I meet my regular transportation needs by: **(select all that apply)**

Biking

Public transportation

Scooter/Moped

Carpool

Rideshare (Taxi/Lyft/Uber)

Walking

If you do not use any of the options above, briefly describe how you engage with your community during your daily activities **(For example, work from home or use of delivery services.)**

## Step 3 – Provide owner and vehicle information

**PRINT or TYPE** Name of registered owner **(Last, First, Middle)**

Mailing address **(Street address or PO Box)**

City

State

ZIP code

Email

10-digit phone number

Current Washington plate number

Vehicle identification number **(VIN)**

Vehicle year **(yyyy)**

Vehicle make

Vehicle model

#### **Step 4 – Attach required documents**

Verify the following

I have attached proof of current collector vehicle or vehicle liability insurance.

#### **Step 5 – Owner signature**

I attest I am qualified to have collector vehicle or restored license plates. I meet my transportation needs and complete daily activities through the exception(s) listed in this request.

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

**X**

Owner signature

\_\_\_\_\_  
Date (mm/dd/yyyy) signed

\_\_\_\_\_  
Place (city or county) signed

#### **Step 6 – Submit your exception request**

Attach the following required documentation to this form:

- Proof of current collector vehicle or vehicle liability insurance
- Your complete [Collector Vehicle License Plate Application](#)

Mail your complete application to:

**Application and Issuance**  
**Department of Licensing**  
**PO Box 9909**  
**Olympia, WA 98507-8500**

You will receive a decision about your request at the mailing address above.

RCW 46.16A, 46.18.220