



OPFFA

OFFICE
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Application for OPFFA Graphic License Plate

ELIGIBILITY CRITERIA FOR OPFFA LICENSE PLATE *(please check applicable box below)*

Active Member of the OPFFA

Retired Member of the OPFFA

SECTION 1 - Applicant Identification

(complete member's full name as it appears on vehicle ownership - Vehicle may be jointly owned)

IAFF LOCAL NUMBER: _____

IAFF LOCAL NAME: _____

LAST NAME: _____

FIRST NAME: _____

STREET ADDRESS: _____

CITY: _____

POSTAL CODE: _____

TELEPHONE: _____

EMAIL: _____

Please list Preferred Plate No: eg: 02PF92 *(please refer to list of available plates on our website www.ontariofirefighters.org)*

Choice 1: _____

Choice 2: _____

Choice 3: _____

If you do not get your preferred plate do you still want a random numbered plate?

Y N

Transfer of Liability Agreement

I (undersigned) acknowledge that by purchasing an OPFFA Graphic Plate I accept the following:

The OPFFA has provided me with a set of Regular Series Graphic License Plates ("the plates") and written instructions in a form prescribed by the Ministry which indicate to me the procedures that must be followed to register the plates with the Ministry or an Authorized Agent. I agree to comply with these requirements.

I agree to indemnify, keep indemnified and save harmless the OPFFA and any of its officers, agents and employees in respect of any liability for losses, costs, or expenses of any nature (including legal, expert and consultant fees), and from any damages or claims made against them in respect of any causes of action, actions, claims, demands, lawsuits or other proceedings, (collectively, "Claims"), by whomever made, sustained, brought or prosecuted, including for third party bodily injury (including death), personal injury and property damage, based upon, occasioned by or attributable to:

- a) anything done or omitted to be done by me or any other person in respect of the receipt, possession or use of the plates including any wrongful use of the plates by myself or any other person;*
- b) any failure by to observe and perform any of the requirements related to the registration and safekeeping of the plates;*
- c) for any incidental, indirect, special or consequential damages, or any loss of use, revenue or profit, by any person, entity or organisation, including, without limitation, the Crown, claimed or resulting from such Claims.*

I shall notify the OPFFA immediately in the event the plates are damaged, stolen or lost.

MEMBER SIGNATURE: _____

DATE: _____

SECTION 2 - To be completed by the President of the Member's Local

I HEREBY ACKNOWLEDGE that the applicant is an active/retired member in Good Standing of:

IAFF LOCAL NUMBER: _____

IAFF LOCAL NAME: _____

PRESIDENT'S NAME: _____

PRESIDENT'S SIGNATURE: _____

SECTION 3 - To be completed by Signing Authority of the OPFFA

I HEREBY ACKNOWLEDGE that the applicant meets the criteria of a Member of the Ontario Professional Fire Fighters Association and is eligible for an OPFFA License Plate.

SIGNATURE OF APPROVING AUTHORITY: _____

DATE: _____

INSTRUCTIONS

1. Mail completed original form (with cheque) to the OPFFA at the address listed at the top of this application form.
2. Payment may be made by cheque: (\$120.00) payable to: Ontario Professional Fire Fighters Association or by EFT (Electronic Funds Transfer)
3. Your plate will be shipped via courier to the mailing address provided above. Please note we cannot ship to PO Boxes.

For information on the status of your application, please contact Kelly King at 905-681-7111 or kking@ontariofirefighters.org

www.ontariofirefighters.org

An Association Run For and By The Membership
Affiliated with the International Association of Fire Fighters

