MVR-27PP-A (08/19)				
APPLIC	ATION FOR A NEW SPI	ECIAL LICENSE PLATE C	ATEGORY	
NAME OF ORGANIZATION: NAME OF CONTACT PERSON FOR OR ADDRESS OF CONTACT PERSON: PHONE NUMBER(S): ()	GANIZATION:			
	Applica	tion Process:		
1. FORM MVR-27PP-A MUST BE SUBMITTED T YEAR. THIS SHOULD INCLUDE THE ADDITI APPROVAL.				
2. IF THE PLATE IS NOT AUTHORIZED BY LEC ORGANIZATION.	GISLATION, DMV WILL RI	EFUND THE FEES COLLECTI	ED TO THE	
PLEASE REMIT THIS APPLICATION ORGANIZATION. THERE IS AN ADDIT MADE PAYABLE TO THE ORGANIZATIO	IONAL \$30.00 FEE FO			
ANY REFUND REQUESTS MADE BY POTENTI OR LEGAL ENTITY SEEKING THE PLATE, NO		RESPONSIBILITY OF THE PI	ERSON, ORGANIZATION,	
STANDARD SPECIAL PLATE FEE: \$	·	FIRST IN FLIGHT	BACKGROUND	
PERSONALIZED PLATE FEE: \$		FIRST IN FREEDO	OM BACKGROUND	
		NATIONAL/STAT	TE MOTTO BACKGROUND	
TOTAL FEES REMITTED: \$		COLOR BACKGROUND W/WHITE BOX		
WITH ANOTHER CLASSIFICATION OF NOTE: YOU ARE ALLOW	VED FOUR (4) SPACES FO	R A PERSONALIZED MESSA ST CHOICE IS NOT AVAILAB		
	NAME (To agree with certificate of title)			
(H) AREA CODE-TELEPHONE NUMBER	FIRST	MIDDLE	LAST	
(C) AREA CODE-TELEPHONE NUMBER		ADDRESS		
NC PLATE NUMBER	CITY	STATE	ZIP CODE	
DRIVER LICENSE #	YEAR MODEL	MAKE BODY STYLE	VEHICLE IDENTIFICATION	NUMBER
I CERTIFY FOR THE MOTOR VEHICL		n of Liability Insurance AT I HAVE FINANCIAL RESI	PONSIBILITY AS REQUIRED BY I	LAW.
PRINT OR TYPE FULL NAME OF	INSURANCE COMPANY A	UTHORIZED IN N.C. – NOT	AGENCY OR GROUP	
	POLIC	Y NUMBER		
SIGNATURE OF OWNER			DATE OF CERTIFICATION	