

APPLICATION FOR A NEW SPECIAL LICENSE PLATE CATEGORY

NAME OF ORGANIZATION: _____
 NAME OF CONTACT PERSON FOR ORGANIZATION: _____
 ADDRESS OF CONTACT PERSON: _____
 PHONE NUMBER(S): () _____

Application Process:

1. FORM MVR-27PP-A MUST BE SUBMITTED TO THE ORGANIZATION PRIOR TO FEBRUARY 15 OF THE CURRENT LEGISLATIVE YEAR. THIS SHOULD INCLUDE THE ADDITIONAL PROPOSED FEE FOR THE PLATE TO BE CONSIDERED FOR LEGISLATIVE APPROVAL.
2. IF THE PLATE IS NOT AUTHORIZED BY LEGISLATION, DMV WILL REFUND THE FEES COLLECTED TO THE ORGANIZATION.

PLEASE REMIT THIS APPLICATION WITH THE PAYMENT OF THE STANDARD SPECIAL PLATE FEE TO THE ORGANIZATION. THERE IS AN ADDITIONAL \$30.00 FEE FOR PERSONALIZED PLATE REQUESTS. ALL FEES MUST BE MADE PAYABLE TO THE ORGANIZATION.

ANY REFUND REQUESTS MADE BY POTENTIAL PURCHASERS IS THE RESPONSIBILITY OF THE PERSON, ORGANIZATION, OR LEGAL ENTITY SEEKING THE PLATE, NOT THE NCDMV.

STANDARD SPECIAL PLATE FEE:	\$ _____	_____ FIRST IN FLIGHT BACKGROUND
PERSONALIZED PLATE FEE:	\$ _____	_____ FIRST IN FREEDOM BACKGROUND
		_____ NATIONAL/STATE MOTTO BACKGROUND
TOTAL FEES REMITTED:	\$ _____	_____ COLOR BACKGROUND W/WHITE BOX

WHEN APPLYING FOR A PERSONALIZED LICENSE PLATE, THE PREFIX OR SUFFIX ASSIGNED WILL BE THE FIRST OR LAST LETTER(S) ON THE PLATE. THIS LEAVES ONLY FOUR (4) SPACES FOR A PERSONALIZED MESSAGE. THE FOUR SPACES MAY BE A COMBINATION OF LETTERS AND NUMBERS BUT CANNOT BE NUMBERS ONLY OR CONFLICT WITH ANOTHER CLASSIFICATION OF LICENSE PLATES.

NOTE: YOU ARE ALLOWED FOUR (4) SPACES FOR A PERSONALIZED MESSAGE: _____

2ND OPTION IF 1ST CHOICE IS NOT AVAILABLE: _____

NAME (To agree with certificate of title)

(H) _____	_____ FIRST	_____ MIDDLE	_____ LAST
AREA CODE-TELEPHONE NUMBER			

(C) _____	_____ ADDRESS
AREA CODE-TELEPHONE NUMBER	

_____ NC PLATE NUMBER	_____ CITY	_____ STATE	_____ ZIP CODE
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_____ DRIVER LICENSE #	_____ YEAR	_____ MODEL	_____ MAKE	_____ BODY STYLE	_____ VEHICLE IDENTIFICATION NUMBER
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Owner's Certification of Liability Insurance

I CERTIFY FOR THE MOTOR VEHICLE DESCRIBED ABOVE THAT I HAVE FINANCIAL RESPONSIBILITY AS REQUIRED BY LAW.

_____ PRINT OR TYPE FULL NAME OF INSURANCE COMPANY AUTHORIZED IN N.C. – NOT AGENCY OR GROUP

_____ POLICY NUMBER

_____ SIGNATURE OF OWNER

_____ DATE OF CERTIFICATION