MVR-27PP-A (09/18)

APPLICATION FOR A NEW SPECIAL LICENSE PI 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 F FEBRUARY 15 OF THE CURRENT LEGISLATIVE YEAR. THIS SHOULD INCLUDE THE ADDITIONAL PROPOSED FEE FOR TI TO BE CONSIDERED FOR LEGISLATIVE APPROVAL.
2.IF THE PLATE IS NOT AUTHORIZED BY LEGISLATION, DMV WILL RETHE FEES COLLECTED TO THE ORGANIZATION.

PLEASE REMIT THIS APPLICATION WITH THE PAYMENT OF THE STANDA SPECIAL PLATE FEE TO THE ORGANIZATION. THERE IS AN ADDITIOANL \$30.00 FEE FOR PERSONALIZED PLATE REQUESTS. A 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 BA	CKGROUND
TOTAL FEES REMITTED:	\$
COLOR BACKGROUND	W/WHITE
WHEN APPLYING FOR A PERSONALIZI SUFFIX ASSIGNED WILL BE THE FIRST LETTER(S) ON THE PLATE. THIS LEAVE PERSONALIZED MESSAGE. THE FOUR MAY BE A COMBINATION OF LETTERS NUMBERS ONLY OR CONFLICT WITH ANOTHER CLASSIFICATION OF LICENS	OR LAST ES ONLY FOUR (4) SPACES FOR A SPACES AND NUMBERS, BUT CANNOT BE
NOTE: YOU ARE ALLOWED FOUR (4) S	SPACES FOR A PERSONALIZED ME
2 ND OPTION IF 1 ST SELECTION IS N	NOT AVAILABLE:
NAME (To agree	e with certificate of title)
(H) AREA CODE-TELEPHONE NUMBER	

FIRST	MIDDLE	LAST	
(C)AREA CODE-TELEPHONE NUMBER ADDRES		ADDRESS	
NC PLATE NUMBER			
CITY	STATE	ZIP CODE	
DRIVER LICENSE #	YEAR MODEL	MAKE BODY STYLE	
VEHICLE IDENTIFICATION NUMBER			

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 NOT AGENCY OR GROUP

POLICY NUMBER

DATE OF CERTI

SIGNATURE OF OWNER