

## APPLICATION FOR A NEW SPECIAL LICENSE PLATE CATEGORY

NAME OF ORGANIZATION: School Safety Program, Inc Sub Organization: elementary  
NAME OF CONTACT PERSON FOR ORGANIZATION: Brian V. Barber  
ADDRESS OF CONTACT PERSON: P.O. Box 4202 Cary, NC 27519  
PHONE NUMBER(S): (855) 561-0123

### 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 ADDITIOANL \$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:	<u>\$ 30.00</u>	_____	FIRST IN FLIGHT BACKGROUND
PERSONALIZED PLATE FEE:	<u>\$ N/A</u>	_____	FIRST IN FREEDOM BACKGROUND
<b>TOTAL FEES REMITTED:</b>	<b>\$ 30.00</b>		

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: N/A \_\_\_\_\_  
2<sup>ND</sup> OPTION IF 1<sup>ST</sup> SELECTION IS NOT AVAILABLE: N/A \_\_\_\_\_

NAME (To agree with certificate of title)

(H) 919 345-567	Shekhar			Siizer	Baba
AREA CODE-TELEPHONE NUMBER	FIRST			MIDDLE	LAST
(C) 919 345-567	Krish bunglow				
AREA CODE-TELEPHONE NUMBER	ADDRESS				
8DW345	Wake		North Carolina		80986
NC PLATE NUMBER	CITY		STATE		ZIP CODE
M34789726	2018	string	dires	Porsche sport	1JHTFSCRG2537872
DRIVER LICENSE #	YEAR	MODEL	MAKE	BODY STYLE	VEHICLE ID NUMBER

## Owner's Certification of Liability Insurance

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

**NationWide Insurance Company**

PRINT OR TYPE FULL NAME OF INSURANCE COMPANY AUTHORIZED IN N.C. - NOT AGENCY OR GROUP  
NP12345678912

POLICY NUMBER

12/27/2018

SIGNATURE OF OWNER

DATE OF CERTIFICATION