

### 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 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:	\$ _____	_____	FIRST IN FLIGHT BACKGROUND
PERSONALIZED PLATE FEE:	\$ _____	_____	FIRST IN FREEDOM BACKGROUND
<b>TOTAL FEES REMITTED:</b>	\$ _____	_____	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:   \_\_  \_\_  \_\_  \_\_

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

**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

**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