## APPLICATION FOR A **ALPHA PHI ALPHA FRATERNITY**LICENSE PLATE

Remit a \$30.00/\$60.00 check or money order with this application.

Regular Alpha Phi Alpha Frate	ernity \$30.00	ersonalized Alpha	a Pni Alpna i	raternity <b>5</b>	<u>60.00</u>	
NOTE: You are allowed four (4) spaces for a personalized message					_ A P	
When applying for a Personalized Alpha only four (4) spaces for a Personalized m consecutive numbers only. Choice cannot The \$30.00/\$60.00 speci	essage. The four spaces may be a cor	mbination of letters e plates.	s and numbers	but cannot	be 4	
Home	NAME (To agree with certificate of	of title)				
Home	FIRST	MIDDLE		LAST		
AREA CODE-TELEPHONE NUMBER						
Office/Cell	ADDRESS					
AREA CODE-TELEPHONE NUMBER	CITY	STATE		ZIP CODE		
	<b>Current North Carolina</b>					
	Plate Number	Vehic	Vehicle Identification Number			
	Driver License #	Year	Model	Make	Body Style	
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 – IF POLICY NOT ISSUED, NAME OF AGENCY BINDING COVERAGE						
SIGNATURE OF OWNER DATE OF CERTIFICATION					ON	