North Carolina Division of Motor Vehicles 3155 Mail Service Center Raleigh, NC 27699-3155

## APPLICATION FOR A **BREAST CANCER AWARENESS**LICENSE PLATE

Remit a \$10.00/\$40.00 check or money order with this application.

<ul><li>First in Flight Backg</li><li>First in Freedom Back</li></ul>		<ul> <li>Regular Breast Cancer Awareness \$10.00</li> <li>Personalized Breast Cancer Awareness \$40.00</li> </ul>				
<b>NOTE</b> : You are allow	ed four (4) spaces for a person	alized message.			B	
The \$10.00/\$40.00 spec	message. The four spaces may be a	combination of letters	s and numbers	s, but cannot	be numbers	
	NAME(To agree with certificate	e of title)				
Home	- FID OF	MDDIE		T A G		
AREA CODE-TELEPHONE NUMBER	FIRST	MIDDLE		LAST	<u> </u>	
Office	ADDRESS					
AREA CODE-TELEPHONE NUMBER	CITY	STATE		ZIP CODE	 B	
	<b>Current North Carolina</b>					
	Plate Number	Vehic	Vehicle Identification Number			
	Driver License #	Year	Model	Make	Body Style	
	Owner's Certification of Lia	bility Insurance				
I CERTIFY FOR THE MOTOR VE	CHICLE DESCRIBED ABOVE THAT I HAV	'E FINANCIAL RESPON	ISIBILITY AS R	EQUIRED BY	LAW.	
PRINT OR TYPE FUL	L NAME OF INSURANCE COMPANY AU	THORIZED IN N.C. – NO	OT AGENCY OF	R GROUP		
POLICY NI	UMBER – IF POLICY NOT ISSUED, NAMI	E OF AGENCY BINDING	G COVERAGE			
SIGNATURE OF OWNER			DATE OF	CERTIFICATI	ION	