

## APPLICATION FOR A NURSES LICENSE PLATE

**Remit a \$25.00/\$55.00 check or money order with this application.**

- |   |   |
|---|---|
| <input type="checkbox"/> First in Flight Background<br><input type="checkbox"/> First in Freedom Background | <input type="checkbox"/> Regular Nurses <b>\$25.00</b><br><input type="checkbox"/> Personalized Nurses <b>\$55.00</b> |
|---|---|

**NOTE:** You are allowed four (4) spaces for a personalized message.    N                    

When applying for a Personalized Nurses license plate, the prefix N will be the first letter 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. Choice cannot conflict with another class of license plates.

**The \$25.00/\$55.00 special fee is an (ANNUAL) fee due in addition to the regular license fee.**

<b>Home</b>  _____ AREA CODE-TELEPHONE NUMBER	NAME(To agree with certificate of title)  _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>FIRST</span> <span>MIDDLE</span> <span>LAST</span> </div>		
<b>Office</b>  _____ AREA CODE-TELEPHONE NUMBER	_____ ADDRESS		
_____ AREA CODE-TELEPHONE NUMBER	_____ CITY	_____ STATE	_____ ZIP CODE
	<b>Current North Carolina</b>  _____ Plate Number  _____ Driver License #	_____ Vehicle Identification Number  _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Year</span> <span>Model</span> <span>Make</span> <span>Body Style</span> </div>	

**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