

## APPLICATION FOR A PROFESSIONAL SPORTS TEAM LICENSE PLATE

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

**As a professional sports fan, I hereby make application for a license plate bearing the emblem of the team listed below:**

(LIST NAME OF PROFESSIONAL TEAM HERE)

- |  |   |
|--|---|
| <input type="checkbox"/> First in Flight Background  | <input type="checkbox"/> Regular Professional Sports Team <b>\$10.00</b>      |
| <input type="checkbox"/> First in Freedom Background | <input type="checkbox"/> Personalized Professional Sports Team <b>\$40.00</b> |

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

When applying for a Personalized Professional Sports Team license plate, the prefix/suffix will be the first/last letters 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 \$10.00/\$40.00 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-between;"> <span>FIRST</span> <span>MIDDLE</span> <span>LAST</span> </div>		
<b>Office</b>  _____ AREA CODE-TELEPHONE NUMBER	_____ ADDRESS		
	_____ <div style="display: flex; justify-content: space-between;"> <span>CITY</span> <span>STATE</span> <span>ZIP CODE</span> </div>		
	<b>Current North Carolina</b>  _____ Plate Number  _____ Driver License #	_____ Vehicle Identification Number  _____ <div style="display: flex; justify-content: space-between;"> <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