## APPLICATION FOR A STOCK CAR RACING THEME LICENSE PLATE

Regular Stock Car Racing Theme <u>\$30.00</u>	Personalized Stock Car Racing Theme <u>\$60.00</u>
You are allowed four (4) spaces for a pe	rsonalized message
	ng for a personalized Stock Car Racing Theme license plate, please remember the suffix representing the driver will be the n the plate. Personalized special plate choice must contain at least one alpha character. <i>Please remember the suffix that</i> <i>triver's name</i> . You are allowed four (4) spaces for a personalized message rsonalized spaces can be letters only or a combination of letters, numbers, and special characters. Numbers only are not permitted. <i>I</i> would like to make application for the following license plate: Charlotte Motor Speedway (Suffix RC) #18 Kyle Busch (Suffix BH) #14 Clint Bowyer (Suffix CB) #78 Martin Truex (Suffix TX) Dale Earnhardt Hall of Fame (Suffix DE) #20 Matt Kenseth (Suffix NK) #88 Dale Earnhardt, Jr. (Suffix JR) NASCAR (Suffix NR) #11 Dennica Patrick (Suffix DP) NASCAR Ford Racing (Suffix FR) #11 Dennison (Suffix JJ) NASCAR Race Fan (Suffix RF) #48 Jimmie Johnson (Suffix JJ) NASCAR Race Fan (Suffix RF) #44 Kevin Harvick (Suffix KK) Richard Petty Historic (Suffix RF) #44 Kevin Harvick (Suffix KB) #17 Ricky Stenhouse Jr. (Suffix SH) #44 Kurn Busch (Suffix KB) #6 Trevor Bayne (Suffix TB) <b>30.00/\$60.00 special fee is an ANNUAL fee due in addition to the regular license fee.</b>
Charlotte Motor Speedway (Suffix RC)	#18 Kyle Busch (Suffix BH)
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#41 Kurt Busch (Suffix KB)	#6 Trevor Bayne (Suffix TB)
The \$30.00/\$60.00 special fee is an ANNUAL fe	ee due in addition to the regular license fee.
NAME (As listed on certificate of Title):	CONTACT INFORMATION:

FIRST	MIDDLE	LAST	HOME PHONE: OFFICE PHONE: CELL PHONE:
CITY	ADDRESS	ZIP CODE	VEHICLE INFORMATION:
	0		VEHICLE IDENTIFICATION NUMBER
PRIVER LICENSE #	STATE	CURRENT NC PLATE NUMBER	YEAR MAKE BODY STYLE

Owner's Certification of Insurance		
CERTIFY FOR THE MOTOR VEHICLE DESCRIBED ABOVE THA	T I HAVE FINANCIAL RESPONSIBILITY AS REQUIRED BY LAW.	
PRINT OR TYPE FULL NAME OF INSURANCE CO	OMPANY AUTHORIZED IN N.C NOT AGENCY OR GROUP	
POLICY NUMBER- IF POLICY NOT IS	SUED, NAME OF AGENCY BINDING COVERAGE	
SIGNATURE OF OWNER	DATE OF CERTIFICATION	