MVR-27BC (10/07)

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

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

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

❑ Regular Breast Cancer Awareness **$10.00** ❑ Personalized Breast Cancer Awareness **$40.00**

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

The $10.00/$40.00 special fee is an (ANNUAL) fee due in addition to the regular license fee.

Home

_____
AREA CODE–TELEPHONE NUMBER

Office

_____
AREA CODE–TELEPHONE NUMBER

NAME (To agree with certificate of title)

FIRST MIDDLE LAST

ADDRESS

CITY STATE ZIP CODE

Current North Carolina

PLATE NUMBER

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