

Application for Replacement Plate and/or Sticker

\$20.00 fee

MVR-18 (Rev. 7/18)

VEHICLE SECTION				
YEAR	MAKE	BODY STYLE	SERIES MODEL	VEHICLE IDENTIFICATION NUMBER

OWNER SECTION		
Owner 1 ID# _____ <small>Full Legal Name of Owner 1 (First, Middle, Last, Suffix) or Company Name</small>		
Owner 2 ID# _____ <small>Full Legal Name of Owner 2 (First, Middle, Last, Suffix) or Company Name</small>		
Residence Address (Individual) Business Address (Firm) _____		
City and State _____	Zip Code _____	Tax County _____
Mail Address (If different from above) _____		
I certify for the motor vehicle described above that I have financial responsibility as required by law.		
_____ Insurance company authorized in N.C.		_____ Policy Number

Plate # being replaced _____

Sticker # being replaced _____

REASON FOR REPLACEMENT PLATE AND/OR STICKER

Check applicable block below

If the registration plate is mutilated, faded or rusted, or if an incorrect sticker has been attached, the plate must be returned with this application. If the sticker is mutilated, defective or for the incorrect year or month, same must be attached in the upper left corner of this application.

- | | | | |
|---------------------------------|------------------------------------|--|---|
| <input type="checkbox"/> Lost | <input type="checkbox"/> Mutilated | <input type="checkbox"/> Rusted | <input type="checkbox"/> Incorrect year sticker |
| <input type="checkbox"/> Stolen | <input type="checkbox"/> Faded | <input type="checkbox"/> Defective Sticker | <input type="checkbox"/> Other _____ |

I, the owner(s) of the vehicle described on this application, do hereby certify that the registration plate, the year sticker, the month sticker or all as identified in this application has/have not been taken up by an enforcement officer and that I am entitled to a replacement of same as provided by law. I further certify there has been no registration plate revocation and I have, as of this date, financial responsibility as required by law covering the vehicle as described.

Signature of owner(s) _____

Date _____ County _____ State _____

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated: _____ (name(s) of principal(s)).

Notary Signature _____ Notary Printed or Typed Name _____

(SEAL)

My Commission Expires _____