APPLICATION FOR A **COLLEGIATE INSIGNIA** LICENSE PLATE

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

COLLEGE NAME _____

First in Flight BackgroundFirst in Freedom Background			□ Regular Collegiate \$25.00 □ Personalized Collegiate \$55.00			
NOTE: You are allowe	d four (4) spaces for a person	alized message.				
When applying for a Personalized Colleg (4) spaces for a Personalized message. T Choice cannot conflict with another class The \$25.00/\$55.00 speci	he four spaces may be a combination	on of letters and num	bers, but cann	ot be numbe	ers only.	
NAME(To agree with certificate of title) Home						
	FIRST	MIDDLE		LAST		
AREA CODE-TELEPHONE NUMBER						
Office	ADDRESS					
AREA CODE-TELEPHONE NUMBER	CITY	STATE		ZIP CODE	,	
	Current North Carolina					
	Plate Number	Vehic	Vehicle Identification Number			
	Driver License #	Year	Model	Make	Body Style	
Owner's Certification of Liability Insurance						
I CERTIFY FOR THE MOTOR VEH	ICLE DESCRIBED ABOVE THAT I HAV	'E FINANCIAL RESPON	SIBILITY AS RI	EQUIRED BY	LAW.	
PRINT OR TYPE FULL	NAME OF INSURANCE COMPANY AUT	THORIZED IN N.C. – NO	OT AGENCY OR	GROUP		
POLICY NUM	MBER – IF POLICY NOT ISSUED, NAME	E OF AGENCY BINDING	COVERAGE			
SIGNATURE OF OWNER DATE OF CERTIFICATION					ON	