

APPLICATION FOR A HOME CARE AND HOSPICE LICENSE PLATE

Remit a \$30.00/\$60.00 check or money order with this application.

- Regular Home Care & Hospice **\$30.00**
 Personalized Home Care & Hospice **\$60.00**

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

When applying for a Personalized Home Care and Hospice license plate, the suffix assigned will be the 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 \$30.00/\$60.00 special fee is an (ANNUAL) fee due in addition to the regular license fee.

Home	NAME (To agree with certificate of title)			
	_____	_____	_____	_____
	FIRST	MIDDLE	LAST	
AREA CODE-TELEPHONE NUMBER	_____			
Office	ADDRESS			

AREA CODE-TELEPHONE NUMBER	_____	_____	_____	
	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