

# APPLICATION FOR A JUVENILE DIABETES RESEARCH FOUNDATION LICENSE PLATE

**Remit a \$20.00/\$50.00 check or money order with this application.**

- First in Flight Background
- First in Freedom Background
- Regular Juvenile Diabetes **\$20.00**
- Personalized Juvenile Diabetes **\$50.00**

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

When applying for a Personalized Juvenile Diabetes Research Foundation license plate, the suffix JD 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 \$20.00/\$50.00 special fee is an (ANNUAL) fee due in addition to the regular license fee.**

<b>Home</b>  <hr/> <small>AREA CODE-TELEPHONE NUMBER   <b>Office</b>   <hr/> <small>AREA CODE-TELEPHONE NUMBER </small></small>	NAME(To agree with certificate of title)		
	<hr/> <small>FIRST</small>	<hr/> <small>MIDDLE</small>	<hr/> <small>LAST</small>
	<hr/> <small>ADDRESS</small>		
	<hr/> <small>CITY</small>	<hr/> <small>STATE</small>	<hr/> <small>ZIP CODE</small>
	<b>Current North Carolina</b>		
	<hr/> <small>Plate Number</small>	<hr/> <small>Vehicle Identification Number</small>	
	<hr/> <small>Driver License #</small>	<hr/> <small>Year</small>	<hr/> <small>Model</small>
		<hr/> <small>Make</small>	<hr/> <small>Body Style</small>

### Owner's Certification of Liability Insurance

I CERTIFY FOR THE MOTOR VEHICLE DESCRIBED ABOVE THAT I HAVE FINANCIAL RESPONSIBILITY AS REQUIRED BY LAW.

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PRINT OR TYPE FULL NAME OF INSURANCE COMPANY AUTHORIZED IN NC. – NOT AGENCY OR GROUP

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POLICY NUMBER – IF POLICY NOT ISSUED, NAME OF AGENCY BINDING COVERAGE

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SIGNATURE OF OWNER

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DATE OF CERTIFICATION