

North Carolina Division of Motor Vehicles
3155 Mail Service Center
Raleigh, NC 27697-3155

APPLICATION FOR A NATIONAL MULTIPLE SCLEROSIS SOCIETY LICENSE PLATE

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

- First in Flight Background
- First in Freedom Background

- Regular National Multiple Sclerosis **\$25.00**
- Personalized National Multiple Sclerosis **\$55.00**

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

M ____ _
S

When applying for a Personalized National Multiple Sclerosis Society license plate, the prefix MS will be the first 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 \$25.00/\$55.00 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 _____ Driver License # | _____ Vehicle Identification Number _____ 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

