

North Carolina Division of Motor Vehicles
3155 Mail Service Center
Raleigh, NC 27699-3155

APPLICATION FOR AN OMEGA PSI PHI FRATERNITY LICENSE PLATE

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

- | | |
|---|---|
| <input type="checkbox"/> First in Flight Background
<input type="checkbox"/> First in Freedom Background | <input type="checkbox"/> Regular Omega Psi Phi Fraternity \$20.00
<input type="checkbox"/> Personalized Omega Psi Phi Fraternity \$50.00 |
|---|---|

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

When applying for a Personalized Omega Psi Phi Fraternity license plate, the suffix Q will be the last letter 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.

<p>Home</p> <p>_____</p> <p>AREA CODE-TELEPHONE NUMBER</p> <p>Office</p> <p>_____</p> <p>AREA CODE-TELEPHONE NUMBER</p>	NAME(To agree with certificate of title) _____ <div style="display: flex; justify-content: space-around;"> FIRST MIDDLE LAST </div>	
	_____ ADDRESS	
	_____ <div style="display: flex; justify-content: space-around;"> CITY STATE ZIP CODE </div>	
	Current North Carolina _____ Plate Number _____ Driver License #	_____ Vehicle Identification Number _____ <div style="display: flex; justify-content: space-around;"> Year Model Make Body Style </div>

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