

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

APPLICATION FOR AN **IN GOD WE TRUST** LICENSE PLATE

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

- Regular *In God We Trust* Fee **\$30.00**
- Personalized *In God We Trust* Fee **\$60.00**

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

The personalized spaces can be letters only or a combination of numbers and letters. Numbers only are not permitted. The prefix/suffix must be the first/last letter on the plate.

The \$30.00/\$60.00 special fee is an (ANNUAL) fee due in addition to the regular license fee.

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| <p>Home</p> <p>_____</p> <p>AREA CODE-TELEPHONE NUMBER</p> <p>Office</p> <p>_____</p> <p>AREA CODE-TELEPHONE NUMBER</p> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4" style="padding: 2px;">NAME (To agree with certificate of title)</td> </tr> <tr> <td style="width: 33%; padding: 2px;">_____</td> <td style="width: 33%; padding: 2px;">_____</td> <td style="width: 33%; padding: 2px;">_____</td> <td style="width: 33%; padding: 2px;">_____</td> </tr> <tr> <td style="text-align: center; padding: 2px;">FIRST</td> <td style="text-align: center; padding: 2px;">MIDDLE</td> <td style="text-align: center; padding: 2px;">LAST</td> <td style="text-align: center; padding: 2px;"></td> </tr> <tr> <td colspan="4" style="padding: 2px;">_____</td> </tr> <tr> <td colspan="4" style="text-align: center; padding: 2px;">ADDRESS</td> </tr> <tr> <td colspan="4" style="padding: 2px;">_____</td> </tr> <tr> <td style="padding: 2px;">_____</td> <td style="padding: 2px;">_____</td> <td style="padding: 2px;">_____</td> <td style="padding: 2px;">_____</td> </tr> <tr> <td style="text-align: center; padding: 2px;">CITY</td> <td style="text-align: center; padding: 2px;">STATE</td> <td colspan="2" style="text-align: center; padding: 2px;">ZIP CODE</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Current North Carolina</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">_____</td> <td colspan="3" style="padding: 2px;">_____</td> </tr> <tr> <td style="text-align: center; padding: 2px;">PLATE NUMBER</td> <td colspan="3" style="text-align: center; padding: 2px;">VEHICLE IDENTIFICATION NUMBER</td> </tr> <tr> <td style="padding: 2px;">_____</td> <td style="padding: 2px;">_____</td> <td style="padding: 2px;">_____</td> <td style="padding: 2px;">_____</td> </tr> <tr> <td style="text-align: center; padding: 2px;">DRIVER LICENSE #</td> <td style="text-align: center; padding: 2px;">YEAR</td> <td style="text-align: center; padding: 2px;">MODEL</td> <td style="text-align: center; padding: 2px;">MAKE BODY STYLE</td> </tr> </table> | NAME (To agree with certificate of title) | | | | _____ | _____ | _____ | _____ | FIRST | MIDDLE | LAST | | _____ | | | | ADDRESS | | | | _____ | | | | _____ | _____ | _____ | _____ | CITY | STATE | ZIP CODE | | Current North Carolina | | | | _____ | _____ | | | PLATE NUMBER | VEHICLE IDENTIFICATION NUMBER | | | _____ | _____ | _____ | _____ | DRIVER LICENSE # | YEAR | MODEL | MAKE BODY STYLE |
| NAME (To agree with certificate of title) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Current North Carolina | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| PLATE NUMBER | VEHICLE IDENTIFICATION NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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

