

APPLICATION FOR A NURSES LICENSE PLATE

Remit a \$25.00/\$55.00 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 Nurses \$25.00
<input type="checkbox"/> Personalized Nurses \$55.00 |
|---|---|

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

When applying for a Personalized Nurses license plate, the prefix N will be the first 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 \$25.00/\$55.00 special fee is an (ANNUAL) fee due in addition to the regular license fee.

Home <hr style="width: 80%; margin: 0 auto;"/> <small>AREA CODE-TELEPHONE NUMBER</small> Office <hr style="width: 80%; margin: 0 auto;"/> <small>AREA CODE-TELEPHONE NUMBER</small>	NAME(To agree with certificate of title) <hr style="width: 90%; margin: 0 auto;"/> <div style="display: flex; justify-content: space-around; width: 90%; margin: 0 auto;"> FIRST MIDDLE LAST </div>		
	<hr style="width: 90%; margin: 0 auto;"/> <div style="text-align: center;">ADDRESS</div>		
	<hr style="width: 90%; margin: 0 auto;"/> <div style="display: flex; justify-content: space-around; width: 90%; margin: 0 auto;"> CITY STATE ZIP CODE </div>		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> Current North Carolina <hr style="width: 80%; margin: 0 auto;"/> <div style="text-align: center;">Plate Number</div> <hr style="width: 80%; margin: 0 auto;"/> <div style="text-align: center;">Driver License #</div> </td> <td style="width: 50%; padding: 5px;"> <hr style="width: 90%; margin: 0 auto;"/> <div style="text-align: center;">Vehicle Identification Number</div> <hr style="width: 90%; margin: 0 auto;"/> <div style="display: flex; justify-content: space-between; width: 90%; margin: 0 auto;"> Year Model Make Body Style </div> </td> </tr> </table>	Current North Carolina <hr style="width: 80%; margin: 0 auto;"/> <div style="text-align: center;">Plate Number</div> <hr style="width: 80%; margin: 0 auto;"/> <div style="text-align: center;">Driver License #</div>	<hr style="width: 90%; margin: 0 auto;"/> <div style="text-align: center;">Vehicle Identification Number</div> <hr style="width: 90%; margin: 0 auto;"/> <div style="display: flex; justify-content: space-between; width: 90%; margin: 0 auto;"> Year Model Make Body Style </div>
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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

<hr style="width: 80%; margin: 0 auto;"/> <p style="text-align: center; margin: 0;">SIGNATURE OF OWNER</p>	<hr style="width: 80%; margin: 0 auto;"/> <p style="text-align: center; margin: 0;">DATE OF CERTIFICATION</p>
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