

APPLICATION FOR AN **INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS** LICENSE PLATE

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

COPY OF AN ACTIVE MEMBERSHIP CARD ISSUED BY THE INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS IS REQUIRED WITH THIS APPLICATION AND AT THE TIME OF RENEWAL OF THE LICENSE PLATE (N.C.G.S. 20-79.4)

- | | |
|--|--|
| <input type="checkbox"/> First In Flight background | <input type="checkbox"/> Regular International Association of Fire Fighters \$20.00 |
| <input type="checkbox"/> First in Freedom background | <input type="checkbox"/> Personalized International Association of Fire Fighters \$50.00 |

NOTE: You are allowed four (4) spaces for a personalized message. ___ ___ ___ ___ **P**
F

When applying for a Personalized International Association of Fire Fighters license plate, the suffix PF 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.

Home <hr/> <small>AREA CODE-TELEPHONE NUMBER</small>	NAME(To agree with certificate of title) <hr/> FIRSTMIDDLELAST						
Office/cell <hr/> <small>AREA CODE-TELEPHONE NUMBER</small>	<hr/> <p style="text-align: center;">ADDRESS</p> <hr/>						
	<hr/> <small>CITY</small>	<hr/> <small>STATE</small>	<hr/> <small>ZIP CODE</small>				
	Current North Carolina <hr/> <small>Plate Number</small> <hr/> <small>Driver License #</small>	<hr/> <small>Vehicle Identification Number</small> <hr/> <table style="width: 100%;"><tr><td style="text-align: center;"><small>Year</small></td><td style="text-align: center;"><small>Model</small></td><td style="text-align: center;"><small>Make</small></td><td style="text-align: center;"><small>Body Style</small></td></tr></table>		<small>Year</small>	<small>Model</small>	<small>Make</small>	<small>Body Style</small>
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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

SIGNATURE OF OWNER

DATE OF CERTIFICATION