

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

APPLICATION FOR A BREAST CANCER AWARENESS LICENSE PLATE

Remit a \$10.00/\$40.00 check or money order with this application.

- First in Flight Background
- First in Freedom Background
- Regular Breast Cancer Awareness **\$10.00**
- Personalized Breast Cancer Awareness **\$40.00**

B
C

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

When applying for a Personalized Breast Cancer Awareness license plate, the suffix BC 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 \$10.00/\$40.00 special fee is an (ANNUAL) fee due in addition to the regular license fee.

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|--|--|--|--|
| Home _____ AREA CODE-TELEPHONE NUMBER | NAME(To agree with certificate of title) _____ <div style="display: flex; justify-content: space-around;"> FIRST MIDDLE LAST </div> | | |
| Office _____ AREA CODE-TELEPHONE NUMBER | _____ 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