MVR-27NUR
(Revised 9/2017)

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

# APPLICATION FOR A **NURSES** LICENSE PLATE

***Remit a $25.00/$55.00 check or money order with this application.***

☐ First in Flight Background
☐ First in Freedom Background

☐ Regular Nurses **$25.00**
☐ 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**

_____
AREA CODE-TELEPHONE NUMBER

**Office**

_____
AREA CODE-TELEPHONE NUMBER

NAME (To agree with certificate of title)

_____
FIRST MIDDLE LAST

_____
ADDRESS

_____
CITY STATE ZIP CODE

**Current North Carolina**

_____
Plate Number

_____
Driver License #

_____
Vehicle Identification Number

_____
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