

## APPLICATION FOR A **MILITARY RESERVE** LICENSE PLATE

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

**I hereby certify that I am a member of the United States Military Reserve and request the appropriate Military Reserve License Plate be issued to me as provided in General Statute 20-79.4(b)(120).**

- |  |   |
|--|---|
| <input type="checkbox"/> First in Flight Background<br><input type="checkbox"/> First in Freedom Background<br><input type="checkbox"/> Regular Military Reserve <b>\$10.00</b><br><input type="checkbox"/> Personalized Military Reserve <b>\$40.00</b> | <input type="checkbox"/> U.S. Army Reserve(AR)<br><input type="checkbox"/> U.S. Air Force Reserve(AF)<br><input type="checkbox"/> U.S. Coast Guard Reserve (CG)<br><input type="checkbox"/> U.S. Marine Corps Reserve (MC)<br><input type="checkbox"/> U.S. Navy Reserve (NR) |
|--|---|

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

When applying for a Military Reserve license plate, the prefix/suffix will be the first/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.**

<b>Home</b>	NAME (To agree with certificate of title)			
_____ AREA CODE-TELEPHONE NUMBER	_____ FIRST	_____ MIDDLE	_____ LAST	
<b>Office</b>	_____ ADDRESS			
_____ AREA CODE-TELEPHONE NUMBER	_____ CITY	_____ STATE	_____ ZIP CODE	
	<b>Current North Carolina</b>			
	_____ Plate Number	_____ Vehicle Identification Number		
	_____ 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