

APPLICATION FOR A **MILITARY RETIRED** LICENSE PLATE

Remit a \$10.00/\$40.00 check or money order and a copy of your military ID card with this application.

- | | |
|---|--|
| <input type="checkbox"/> First in Flight Background | <input type="checkbox"/> U.S. Army Retired |
| <input type="checkbox"/> First in Freedom Background | <input type="checkbox"/> U.S. Air Force Retired |
| <input type="checkbox"/> Regular Military Reserve \$10.00 | <input type="checkbox"/> U.S. Coast Guard Retired |
| <input type="checkbox"/> Personalized Military Reserve \$40.00 | <input type="checkbox"/> U.S. Marine Corps Retired |
| | <input type="checkbox"/> U.S. Navy Retired |

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

When applying for a Military Retired 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.

Home <hr/> <small>AREA CODE-TELEPHONE NUMBER</small> Office <hr/> <small>AREA CODE-TELEPHONE NUMBER</small>	NAME(To agree with certificate of title) <hr/> <div style="display: flex; justify-content: space-around;"> FIRST MIDDLE LAST </div>		
	<hr/> <div style="text-align: center;">ADDRESS</div>		
	<hr/> <div style="display: flex; justify-content: space-around;"> CITY STATE ZIP CODE </div>		
	Current North Carolina <hr/> <div style="text-align: center;">Plate Number</div> <hr/> <div style="text-align: center;">Driver License #</div>	<hr/> <div style="text-align: center;">Vehicle Identification Number</div> <hr/> <div style="display: flex; justify-content: space-between;"> 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.	
<hr/> <small>PRINT OR TYPE FULL NAME OF INSURANCE COMPANY AUTHORIZED IN N.C. – NOT AGENCY OR GROUP</small>	
<hr/> <small>POLICY NUMBER – IF POLICY NOT ISSUED, NAME OF AGENCY BINDING COVERAGE</small>	
<hr/> <small>SIGNATURE OF OWNER</small>	<hr/> <small>DATE OF CERTIFICATION</small>