

**APPLICATION FOR A SHRINER 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 following Shrine Temple. I would like to make application for the following license plate:**

- |  |   |
|--|---|
| <input type="checkbox"/> First in Flight Background                | <input type="checkbox"/> Sudan Temple (S) |
| <input type="checkbox"/> First in Freedom Background               | <input type="checkbox"/> Oasis Temple (T) |
| <input type="checkbox"/> Regular Shriner Plate <b>\$10.00</b>      | <input type="checkbox"/> Amran Temple (A) |
| <input type="checkbox"/> Personalized Shriner Plate <b>\$40.00</b> | <input type="checkbox"/> Prince Hall (PH) |

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

When applying for a Shriner 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)		
_____	FIRST	MIDDLE	LAST
AREA CODE-TELEPHONE NUMBER	_____		
<b>Office</b>	ADDRESS		
_____	CITY	STATE	ZIP CODE
AREA CODE-TELEPHONE NUMBER	_____		
	<b>Current North Carolina</b>		
	_____	Vehicle Identification Number	
	Plate Number		
	_____	Year	Model
	Driver License #	Make	Body Style
	_____		

<b>Owner's Certification of Liability Insurance</b>	
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
_____	_____