MVR-27PP-A (08/19)				
APPLICAT	ΓΙΟΝ FOR A NEW SP	ECIAL LICENSE PLATE CA	ATEGORY	
NAME OF ORGANIZATION:NAME OF CONTACT PERSON FOR ORGADDRESS OF CONTACT PERSON:PHONE NUMBER(S): ()	ANIZATION:			
		ation Process:		
 FORM MVR-27PP-A MUST BE SUBMITTED TO YEAR. THIS SHOULD INCLUDE THE ADDITION APPROVAL. IF THE PLATE IS NOT AUTHORIZED BY LEGIS ORGANIZATION. 	NAL PROPOSED FEE F	OR THE PLATE TO BE CONSI	DERED FOR LEGISLATIVE	
PLEASE REMIT THIS APPLICATION VORGANIZATION. THERE IS AN ADDITION MADE PAYABLE TO THE ORGANIZATION ANY REFUND REQUESTS MADE BY POTENTIAL	NAL \$30.00 FEE FO N. L PURCHASERS IS THE	OR PERSONALIZED PLA	TE REQUESTS. ALL FEE	
OR LEGAL ENTITY SEEKING THE PLATE, NOT T		EID OT IN EL VOLVE	DACKGROUND	
		FIRST IN FLIGHT		
TERSONALIZED FEATE FEE		NATIONAL/STAT		
TOTAL FEES REMITTED: \$	COLOR BACKGROUND W/WHITE BOX			
WITH ANOTHER CLASSIFICATION OF L NOTE: YOU ARE ALLOWER	D FOUR (4) SPACES FO	OR A PERSONALIZED MESSA 1 ST CH0ICE IS NOT AVAILAB		
	NAME (To agree with certificate of title)			
(H) AREA CODE-TELEPHONE NUMBER	FIRST	MIDDLE	LAST	
(C) AREA CODE-TELEPHONE NUMBER		ADDRESS		
NC PLATE NUMBER	СІТҮ	STATE	ZIP CODE	
DRIVER LICENSE #	YEAR MODEL	MAKE BODY STYLE	VEHICLE IDENTIFICATIO	NUMBER
I CERTIFY FOR THE MOTOR VEHICLE I		on of Liability Insurance HAT I HAVE FINANCIAL RES	PONSIBILITY AS REQUIRED B	Y LAW.
PRINT OR TYPE FULL NAME OF IN	SURANCE COMPANY	AUTHORIZED IN N.C. – NOT	AGENCY OR GROUP	
_	POLI	CY NUMBER		
SIGNATURE OF OWNER			DATE OF CERTIFICATION	