

North Carolina Division of Motor Vehicles
3155 Mail Service Center
Raleigh, NC 27699-3155

APPLICATION FOR A BREAST CANCER AWARENESS LICENSE PLATE

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

- ☐ First in Flight Background ☐ Regular Breast Cancer Awareness **\$10.00**
☐ First in Freedom Background ☐ Personalized Breast Cancer Awareness **\$40.00**

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

When applying for a Personalized Breast Cancer Awareness license plate, the suffix BC will be the 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 _____ 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				