

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

## APPLICATION FOR A NURSES LICENSE PLATE

**Remit a \$25.00/\$55.00 check or money order with this application.**

- ☐ First in Flight Background  
☐ First in Freedom Background

- ☐ Regular Nurses **\$25.00**  
☐ Personalized Nurses **\$55.00**

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

When applying for a Personalized Nurses license plate, the prefix N will be the first letter 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 \$25.00/\$55.00 special fee is an (ANNUAL) fee due in addition to the regular license fee.**

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