

APPLICATION FOR A **COLLEGIATE INSIGNIA** LICENSE PLATE

COLLEGE NAME _____

- Regular Collegiate Fee \$25.00

 Personalized Collegiate Fee \$55.00

NOTE: When applying for a Personalized Collegiate license plate, remember the letter prefix/suffix representing the college must still be the last letter on the plate. This only leaves four (4) spaces for a Personalized message. The four spaces may be a combination of letters or numbers, but cannot conflict with another classification of license plates.

THE ABOVE FEES ARE ANNUAL FEES DUE IN ADDITION TO THE REGULAR LICENSE FEES.

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 | VEHICLE IDENTIFICATION NUMBER | | | |
| _____ | _____ | | | |
| DRIVER LICENSE # | YEAR | MODEL | MAKE | BODY STYLE |
| _____ | _____ | _____ | _____ | _____ |

IF PERSONALIZED COLLEGIATE LICENSE PLATE DESIRED, LIST CHOICES IN ORDER OF PREFERENCE: (REMEMBER COLLEGE PREFIX/SUFFIX IS THE FIRST/LAST LETTER ON THE PLATE)

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

DRIVER LICENSE NUMBER _____

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