North Carolina Division of Motor Vehicles

3155 Mail Service Center Raleigh NC 27699-3155

APPLICATION FOR AN

AUTISM SOCIETY OF NORTH CAROLINA

LICENSE PLATE

Remit a \$20.00/\$50.00 check or money order with this application.

☐ Regular Autism Society of NC License Plate \$20.00 ☐ Personalized Autism Society of NC License Plate \$50.00

A

1e \$20.00/\$50.00 specia	al fee is an (ANNUAL) fee	due in addition to	the regular license fe
			9
Home	NAME (To agree with cert	ificate of title)	
	()	,	75
	FIRST	MIDDLE	LAST
AREA CODE-TELEPHONE NUMBER			
		ADDRESS	
Office			
	CITY	STATE	ZIP CODE
ADE A CODE TELEDITORE AUTHORO	Current North Carolina		
AREA CODE-TELEPHONE NUMBER	PLATE NUMBER	VEHICLE IDENTII	FICATION NUMBER
	DRIVER LICENSE #	YEAR MODEL	MAKE BODY STYLE
	Owner's Certification of Lia	ability Insurance	
CERTIFY FOR THE MOTOR VEHIC	CLE DESCRIBED ABOVE THAT I HA	VE FINANCIAL RESPONSI	BILITY AS REQUIRED BY LAW
CERTIFY FOR THE MOTOR VEHIC	CLE DESCRIBED ABOVE THAT I HA	VE FINANCIAL RESPONSI	BILITY AS REQUIRED BY LAW
,			
,	CLE DESCRIBED ABOVE THAT I HA		
PRINT OR TYPE		HORIZED IN N.C NOT AGENCY O	