



APPLICATION FOR A PROSTATE CANCER AWARENESS LICENSE PLATE

**Remit a \$10.00/\$40.00 check or money order with this application.
PCCNC c/o NC Prostate Cancer Awareness Plate Committee
5905 Shamrock Road, Durham, NC 27713**

Regular Prostate Cancer Awareness **\$10.00**

Personalized Prostate Cancer Awareness **\$40.00**

NOTE: You are allowed four (4) spaces for a personalized message. _____

When applying for a Personalized Prostate Cancer Awareness license plate, the prefix or suffix assigned will be the first or last 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 \$10.00/\$40.00 special fee is an (ANNUAL) fee due in addition to the regular license fee.

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