

APPLICATION FOR A NEW SPECIAL LICENSE PLATE CATEGORY

NAME OF ORGANIZATION: Raleigh Film and Art Festival
NAME OF CONTACT PERSON: Chris Moore
ADDRESS OF CONTACT PERSON: 514 Daniels St #209 Raleigh N.C. 27605
PHONE NUMBER(S): (919) 926-8642

Application Process:

- 1. FORM MVR-27PP-A MUST BE SUBMITTED TO THE ORGANIZATION PRIOR TO FEBRUARY 15 OF THE CURRENT LEGISLATIVE YEAR. THIS SHOULD INCLUDE THE ADDITIONAL PROPOSED FEE FOR THE PLATE TO BE CONSIDERED FOR LEGISLATIVE APPROVAL.
2. IF THE PLATE IS NOT AUTHORIZED BY LEGISLATION, DMV WILL REFUND THE FEES COLLECTED TO THE ORGANIZATION.

PLEASE REMIT THE SPECIAL FEE MADE PAYABLE TO THE ORGANIZATION IN THE FORM OF CHECK OR MONEY ORDER WITH THIS APPLICATION. IF YOU CHOOSE TO REQUEST A PERSONALIZED PLATE TEXT, THERE IS AN ADDITIONAL \$30.00 FEE.

ANY REFUND REQUESTS MADE BY POTENTIAL PURCHASERS IS THE RESPONSIBILITY OF THE PERSON, ORGANIZATION, OR LEGAL ENTITY SEEKING THE PLATE, NOT THE NCDMV.

STANDARD SPECIAL PLATE: \$ _____ FIRST IN FLIGHT BACKGROUND
PERSONALIZED FEE: \$ _____ FIRST IN FREEDOM BACKGROUND
TOTAL FEES REMITTED: \$ _____

WHEN APPLYING FOR A PERSONALIZED LICENSE PLATE, THE PREFIX OR SUFFIX ASSIGNED WILL BE THE FIRST OR LAST LETTER(S) 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 OR CONFLICT WITH ANOTHER CLASSIFICATION OF LICENSE PLATES.

NOTE: YOU ARE ALLOWED FOUR (4) SPACES FOR A PERSONALIZED MESSAGE: _____

2ND OPTION IF 1ST SELECTION IS NOT AVAILABLE: _____

NAME (To agree with certificate of title)

(H) _____
AREA CODE-TELEPHONE NUMBER FIRST MIDDLE LAST

(C) _____
AREA CODE-TELEPHONE NUMBER ADDRESS

NC PLATE NUMBER CITY STATE ZIP CODE

DRIVER LICENSE # YEAR MODEL MAKE BODY STYLE VEHICLE IDENTIFICATION 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

SIGNATURE OF OWNER

DATE OF CERTIFICATION