

APPLICATION FOR A NEW SPECIAL LICENSE PLATE CATEGORY

NAME OF ORGANIZATION: Keeping the Lights On
NAME OF CONTACT PERSON: Paul Mott
ADDRESS OF CONTACT PERSON: 3400 Sumner Blvd. Raleigh, NC 27616
PHONE NUMBER(S): (919) 645-3407

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:	\$30.00	_____	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

_____ EMAIL ADDRESS

_____	_____	_____	_____	_____	_____
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