



DON'T GIVE UP...  
DON'T EVER GIVE UP!

APPLICATION FOR **THE V FOUNDATION FOR CANCER RESEARCH** LICENSE PLATE

*Remit a \$25.00 check or money order with this application.*

The \$25.00 special fee is an (ANNUAL) fee due in addition to the regular license fee.

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	

**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