MVR-27PP-A (08/19)

APPLICATION FOR A NEW SPECIAL LICENSE PLATE CATEGORY

NAME OF ORGANIZATION: Paws Place Dog Rescue

NAME OF CONTACT PERSON FOR ORGANIZATION: Erica Stanley

ADDRESS OF CONTACT PERSON: 242 George II Highway SE, Winnabow, NC 28479 / Mailing Address: P.O. Box 67, Winnabow, NC 28479

PHONE NUMBER(S): ( ) 910-833-2606

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 THIS APPLICATION WITH THE PAYMENT OF THE STANDARD SPECIAL PLATE FEE TO THE ORGANIZATION. THERE IS AN ADDITIONAL $30.00 FEE FOR PERSONALIZED PLATE REQUESTS. ALL FEES MUST BE MADE PAYABLE TO THE ORGANIZATION.

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 FEE: $ **$30.00**

PERSONALIZED PLATE FEE: $ **$30.00**

TOTAL FEES REMITTED: $_____

_____ FIRST IN FLIGHT BACKGROUND

_____ FIRST IN FREEDOM BACKGROUND

_____ NATIONAL/STATE MOTTO BACKGROUND

_____ COLOR BACKGROUND W/WHITE BOX

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 CH0ICE IS NOT AVAILABLE: ____ ____ ____ ____

NAME (To agree with certificate of title)

_____
FIRST MIDDLE LAST

(H)_____
AREA CODE-TELEPHONE NUMBER

(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