MVR-27PP-A (10/14)

APPLICATION FOR A NEW SPECIAL LICENSE PLATE CATEGORY

NAME OF ORGANIZATION: Franklin County Beekeepers Association
NAME OF CONTACT PERSON: Sandy Carlson
ADDRESS OF CONTACT PERSON: FCBA, PO Box 321, Louisburg, NC 27549
PHONE NUMBER(S): (703) 282-5926

Application Process:

1. FORM MVR-27PP-A MUST BE SUBMITTED TO DMV BY FEBRUARY 15th OF THE CURRENT LEGISLATIVE YEAR. THIS SHOULD INCLUDE THE ADDITIONAL PROPOSED FEE FOR THE PLATE TO BE CONSIDERED FOR LEGISLATIVE APPROVAL.
2. THE DIVISION MUST RECEIVE THE FINAL ARTWORK AND THE LIST OF PURCHASERS WHO SUBMITTED A PAID APPLICATIONWITHIN 60 DAYS OF PASSED LEGISLATION
3. THE DIVISION SHALL ISSUE THE PLATE WITHIN 180 DAYS AFTER RECEIPT OF THE REQUESTER'S DESIGN AND THE MINIMUM NUMBER OF PAID APPLICATIONS.
4. IF THE PLATE IS NOT AUTHORIZED BY LEGISLATION, DMV WILL THE REFUND FEES COLLECTED BACK TO THE ORGANIZATION.

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. ___ ___ ___ ___

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

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

STANDARD SPECIAL PLATE: $_____

PERSONALIZED FEE: $_____

TOTAL FEES REMITTED: $_____

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 – IF POLICY NOT ISSUED, NAME OF AGENCY BINDING COVERAGE

_____ _____
SIGNATURE OF OWNER DATE OF CERTIFICATION