

North Carolina Division of Motor Vehicles
3155 Mail Service Center
Raleigh, NC 27697-3155

APPLICATION FOR A KICK CANCER FOR KIDS LICENSE PLATE

Remit a \$30.00/\$60.00 check or money order with this application.

- First in Flight Background
- First in Freedom Background
- Regular plate **\$30.00**
- Personalized plate **\$60.00**

K
C

NOTE: You are allowed four (4) spaces for a personalized message. ___ ___ ___ ___

When applying for a Personalized Kick Cancer For Kids license plate, the suffix KC will be the last letters 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. Choice cannot conflict with another class of license plates.

The \$30.00/\$60.00 special fee is an (ANNUAL) fee due in addition to the regular license fee.

Home _____ AREA CODE-TELEPHONE NUMBER	NAME(To agree with certificate of title) _____ <div style="display: flex; justify-content: space-around;"> FIRST MIDDLE LAST </div>	
Office/Cell _____ AREA CODE-TELEPHONE NUMBER	_____ ADDRESS	
	_____ CITY	_____ STATE
	_____ ZIP CODE	
	Current North Carolina _____ Plate Number _____ Driver License #	_____ Vehicle Identification Number _____ <div style="display: flex; justify-content: space-between;"> Year Model Make Body Style </div>

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