



National Kidney Foundation™
of NORTH CAROLINA

APPLICATION FOR A NATIONAL KIDNEY FOUNDATION LICENSE PLATE

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

**Mail completed application and check to:
National Kidney Foundation of NC
5950 Fairview Road, Suite 550
Charlotte, NC 28210**

- Regular National Kidney Foundation **\$30.00** Personalized National Kidney Foundation **\$60.00**

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

When applying for a Personalized National Kidney Foundation license plate, the prefix or suffix assigned will be the first or last letter 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.

<p>Home</p> <p>_____</p> <p>AREA CODE-TELEPHONE NUMBER</p> <p>Office</p> <p>_____</p> <p>AREA CODE-TELEPHONE NUMBER</p>	NAME(To agree with certificate of title)		
	_____	_____	_____
	FIRST	MIDDLE	LAST

ADDRESS			

CITY	STATE	ZIP CODE	
Current North Carolina		_____	
_____	Vehicle Identification Number		
Plate Number	_____		
_____	Year	Model	
Driver License #	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