

APPLICATION FOR A NEW SPECIAL LICENSE PLATE CATEGORY

NAME OF ORGANIZATION: School Safety Program
NAME OF CONTACT PERSON: Patrick C. Smith
ADDRESS OF CONTACT PERSON: P.O. Box 4202 Cary, NC 27519
PHONE NUMBER(S): (855) 561-0123

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 THE SPECIAL FEE MADE PAYABLE TO THE ORGANIZATION IN THE FORM OF CHECK OR MONEY ORDER WITH THIS APPLICATION.

SCHOOL SAFETY PROGRAM

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: \$ 30.00
PERSONALIZED FEE: \$ N/A
TOTAL FEES REMITTED: \$ 30.00

COMPLETE AND MAIL TO:
SCHOOL SAFETY PROGRAM
P.O. BOX 4202
CARY, NC 27519

HOW DID YOU HEAR ABOUT THE SCHOOL SAFETY PROGRAM?
(CHECK BOX WHICH APPLIES)

LIAISON DIRECT 001 [] SCHOOL SIGNAGE 004 []
MAYOR DIRECT 002 [] SCHOOL CLUB/ORG. 005 []
MAYOR LIST 003 [] LPA 006 []

PLEASE LIST SCHOOL TO RECEIVE YOUR DONATION.

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

SIGNATURE OF OWNER

DATE OF CERTIFICATION