

APPLICATION FOR A NEW SPECIAL LICENSE PLATE CATEGORY

NAME OF ORGANIZATION: N.C. Wildlife Resources Commission

NAME OF CONTACT PERSON FOR ORGANIZATION: Alisia Reyes

ADDRESS OF CONTACT PERSON: 1726 Mail Service Center, Raleigh, NC 27699-1700

EMAIL: alisia.reyes@ncwildlife.org

Application Process:

1. Remit check or money order, made payable to NCWRC, with this application. If legislation is not passed in 2025, applicants will automatically receive a full refund from NCWRC.
2. Requests for a refund made in advance of legislative approval/denial should be directed to the NCWRC Agency Contact (listed above).
3. Submit application and check (payable to NCWRC) to:
NCWRC License Plate
1726 Mail Service Center
Raleigh, NC 27699-1700

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

STANDARD SPECIAL PLATE FEE (\$30): \$ _____ FIRST IN FLIGHT BACKGROUND

PERSONALIZED PLATE FEE (\$60): \$ _____ FIRST IN FLIGHT BACKGROUND

TOTAL FEES REMITTED: \$ _____

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 CHOICE IS NOT AVAILABLE: ____ ____ ____ ____**NAME** (To agree with certificate of title)_____
AREA CODE-TELEPHONE NUMBER_____
FIRST_____
MIDDLE_____
LAST_____
EMAIL ADDRESS_____
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