MVR-27PP-A (11/15)

APPLICATION FOR A NEW SPECIAL LICENSE PLATE CATEGORY

NAME OF ORGANIZATION: Big Rock Blue Marlin Tournament
NAME OF CONTACT PERSON: Crystal Hesmer
ADDRESS OF CONTACT PERSON: 710 Evans Street, Morehead City, NC 28557
PHONE NUMBER(S): (252) 247-3575

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. IF YOU CHOOSE TO REQUEST A PERSONALIZED PLATE TEXT, THERE IS AN ADDITIONAL $30.00 FEE.

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	xxxxxx FIRST IN FLIGHT BACKGROUND
PERSONALIZED FEE:	$______	xxxxxx FIRST IN FREEDOM 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 SELECTION IS NOT AVAILABLE: ____ ____ ____ ____

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