

APPLICATION FOR A JUVENILE DIABETES RESEARCH FOUNDATION LICENSE PLATE

Remit a \$20.00/\$50.00 check or money order with this application. Make checks payable to JD RF. Mail this application and your payment to JD RF, 7721 Six Forks Road, Suite 136, Raleigh, NC 27615.

- Regular Juvenile Diabetes **\$20.00**

 Personalized Juvenile Diabetes **\$50.00**

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

When applying for a Personalized Juvenile Diabetes Research 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 \$20.00/\$50.00 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) <hr/> <div style="display: flex; justify-content: space-between;"> FIRST MIDDLE LAST </div>	
	<hr/> ADDRESS	
	<hr/> <div style="display: flex; justify-content: space-between;"> CITY STATE ZIP CODE </div>	
	<p>Current North Carolina</p> <hr/> Plate Number <hr/> Driver License #	<hr/> Vehicle Identification Number <hr/> Year Model 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