

**Initially, 300 applications and fees must be collected before the plate will be manufactured.** Please send app. with check to CPCF:

Carolina Pregnancy Care Fellowship  
 PO Box 38888  
 Charlotte NC 28278  
 Questions? directorcpcf@aol.com

- 1) Your check will be deposited in a special account until all 300 applications have been submitted. After the initial 300, applications will be handled directly by the DMV.
- 2) Please include your email address. This will be our primary progress communication link.
- 3) CPCF is the legally designated agency for disbursement of plate funds.  
[www.ncchoose-life.org](http://www.ncchoose-life.org) Your email: \_\_\_\_\_

## APPLICATION FOR A **CHOOSE LIFE** LICENSE PLATE

**Remit a \$25.00/\$55.00 check or money order with this application.**

Regular Choose Life **\$25.00**

Personalized Choose Life **\$55.00**

**NOTE:** You are allowed four (4) spaces for a personalized message.    \_\_\_\_\_

When applying for a Personalized Choose Life license plate, the prefix/suffix will be the first/last letters 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 \$25.00/\$55.00 special fee is an (ANNUAL) fee due in addition to the regular license fee.**

<b>Home</b>	NAME(To agree with certificate of title)				
_____	FIRST	MIDDLE	LAST		
AREA CODE-TELEPHONE NUMBER	_____				
<b>Office</b>	ADDRESS				
_____	_____				
AREA CODE-TELEPHONE NUMBER	CITY	STATE	ZIP CODE		
<b>Current North Carolina</b>		_____			
Plate Number		Vehicle Identification Number			
_____		_____			
Driver License #		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