

**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 3888  
 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)		
_____ AREA CODE-TELEPHONE NUMBER	_____ FIRST	_____ MIDDLE	_____ LAST
<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