

APPLICATION FOR A ALS RESEARCH LICENSE PLATE

Remit a \$20.00/\$50.00 check or money order made payable to "ALSA" with this application. Mail to:

**The ALS Association (Research License Plate)
120-101 Penmarc Drive
Raleigh, NC 27603**

Regular ALS Research **\$20.00**

Personalized ALS Research **\$50.00**

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

When applying for a Personalized ALS Research 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.

Home	NAME(To agree with certificate of title)		
_____	FIRST	MIDDLE	LAST
AREA CODE-TELEPHONE NUMBER	_____		
Office	ADDRESS		
_____	CITY	STATE	ZIP CODE
AREA CODE-TELEPHONE NUMBER	_____		
	Current North Carolina		
	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