## APPLICATION FOR A BOY SCOUTS OF AMERICA

## LICENSE PLATE

## Remit a \$30.00/\$60.00 check or money order with this application.

Make checks or money order payable to BSA License Plate Fund
Mail application and check to:
Boy Scouts of America
6600 Silas Creek Parkway
Winston-Salem, NC 27106

Winston-Salem, NC 27106

Please indicate the county where this vehicle is registered \_\_\_\_\_\_\_.

Regular Boy Scouts of America \$30.00

Personalized Boy Scouts of America \$60.00

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

When applying for a Personalized Boy Scouts of America 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.

| Home                       | NAME(To agree with certificate      | of title)           |                               |             |          |
|----------------------------|-------------------------------------|---------------------|-------------------------------|-------------|----------|
| riome                      | FIRST                               | MIDDLE              |                               | LAST        |          |
| AREA CODE-TELEPHONE NUMBER |                                     |                     |                               |             |          |
| Office                     |                                     | ADDRESS             |                               |             |          |
| AREA CODE-TELEPHONE NUMBER | CITY                                | STATE               |                               | ZIP CODE    | <br>E    |
|                            | <b>Current North Carolina</b>       |                     |                               |             |          |
|                            | Plate Number                        | Vehic               | Vehicle Identification Number |             |          |
|                            | Driver License #                    | Year                | Model                         | Make        | Body Sty |
|                            | Owner's Certification of Liab       | ility Insurance     |                               |             |          |
| I CERTIFY FOR THE MOTOR V  | EHICLE DESCRIBED ABOVE THAT I HAVE  | FINANCIAL RESPO     | NSIBILITY AS R                | REQUIRED BY | LAW.     |
| PRINT OR TYPE FU           | LL NAME OF INSURANCE COMPANY AUT    | HORIZED IN N.C. – N | OT AGENCY OI                  | R GROUP     |          |
| POLICY                     | NUMBER – IF POLICY NOT ISSUED, NAME | OF AGENCY BINDIN    | G COVERAGE                    |             |          |