

North Carolina Department of Transportation
DIVISION OF MOTOR VEHICLES
DRIVER & VEHICLE SERVICES
Raleigh, North Carolina 27697-0001

**APPLICATION FOR:
MOTOR VEHICLE LICENSE PLATE AGENCY**

County Chamber of Commerce Town/Municipality

1. Office Location: _____ Date: _____

2. County Manager
Board Chairperson
Town Clerk _____
(LAST) (FIRST) (MIDDLE)

3. Mailing Address: _____
(STREET & NUMBER OR RFD) (CITY) (COUNTY) (STATE) (ZIP CODE)

4. Tax ID#: _____ Business Telephone: _____

5. Have you had any experience in motor vehicle title work? Yes No

6. Do you plan to operate agency in conjunction with another business? Yes No If "Yes," explain other business:

7. Give proposed office location with a description of the facility and available parking: _____

8. FINANCIAL STATEMENT OR ATTACH FINANCIAL STATEMENT:

ASSETS: _____

LIABILITIES: _____

CERTIFICATION BY APPLICANT

I hereby certify that all answers and statements in this application are true. I am aware that should any investigation disclose misrepresentation or falsification, I shall be disqualified for consideration for the position of Commission Contractor and/or Manager.

Date _____ Applicant's Signature _____