

7. INSURANCE CERTIFICATION MUST BE COMPLETED. This is to certify that I have liability insurance with _____ Policy Number _____ as required by the North Carolina Financial Responsibility Act of 1957 and certify there has not been a license plate revocation.

TOTAL FEES PAID \$ _____.

NOTICE: IF THERE IS A CHANGE OF NAME, ADDRESS AND/OR OWNERSHIP, DO NOT FORWARD THIS RENEWAL TO THE DEALER UNIT IN RALEIGH WITHOUT CONTACTING THE DEALER UNIT.

Signature of Applicant: _____

Date _____ County _____ State _____

I certify that the following person personally appeared before me this day, each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated:

(name of principal).

Notary Signature _____ Notary Printed or Typed Name _____

(SEAL)

My Commission Expires _____