

**INDIANA SECRETARY OF STATE AUTO DEALER SERVICES DIVISION** 

302 West Washington Street, Room E-111 Indianapolis, IN 46204 Telephone: 317-234-7190 Fax: 317-233-1915 Dealers@sos.in.gov

**INSTRUCTIONS:** 

- 1. Complete in blue or black ink or print complete form.
- Submit the completed form to the Auto Dealer Services Division by mail, fax, hand delivery, or scan and e-mail.
  A separate form must be completed for each plate type requested.
- 4. A request for additional plates may result in an audit.

DEALER INFORMATION								
Name of Dealer				Dealer Number				
Address of Established Place of Business (number and street)			City	City		State	ZIP Code	
Telephone Number		E-mail Address		County				
( )								
DEALER LICENSE PLATE INFORMATION								
Type and Number of Plates Requested								
Dealer – New	Motorcycle Dealer – New			☐ Transfer Dealer				
Dealer – Used	□ Мо	torcycle Dealer – Used		☐ Interim License Plate				
Watercraft Interim License Plate	Motorcycle Interim License Plate			Manufacturer Subcomponent (R&D)				
Watercraft Dealer	□ мо	C A		Transport Operator				
Manufacturer	☐ MDC B							
Number of Plates Available Number of Plates Reque			d	Plates Requested Are Dealer Designee?			nee?	
				[	Yes No			
Explain Your Need for Additional Dealer License Plates.								
DEALER AFFIRMATION								
I hereby certify, under the penalty of perjury, that I am authorized to make this application and that the answers and information contained in this application are true and correct.								
Signature of Owner, Officer, Partner, or Authorized Representative					Date Signe	d ( <i>mm/dd/yyyy</i> )		
Printed Name of Owner, Officer, Partner, or Authorized Representative					•			