



APPLICATION FOR REPLACEMENT DEALER LICENSE PLATE OR REGISTRATION

State Form 55616 (R7 / 7-21)

**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 completed form.
 2. Submit the completed form to the Auto Dealer Services Division by mail, fax, hand delivery, or scan and e-mail.
 3. Lost or stolen dealer license plates must be reported to law enforcement and Section 2 must be completed by that law enforcement agency.
 4. Damaged dealer license plates must be returned to the Auto Dealer Services Division before a replacement dealer license plate may be issued.
 5. The replacement dealer license plate or registration will become the current and only valid plate once issued. If found, the lost or stolen dealer license plate is not valid.
 6. A separate form must be completed for each dealer license plate or registration that is lost, stolen, damaged (illegible), or destroyed.

DEALER INFORMATION			
Name of Dealer		Dealer Number	
Address of Established Place of Business (number and street)		City	State ZIP Code
Telephone Number ()		County	
DEALER LICENSE PLATE INFORMATION			
Affected License Plate Number		Affected License Plate Type	
The Plate Described Above Has Been <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Damaged (Illegible) or Destroyed		<input type="checkbox"/> Dealer - New <input type="checkbox"/> Motorcycle Dealer - New	
		<input type="checkbox"/> Dealer - Used <input type="checkbox"/> Motorcycle Dealer - Used	
		<input type="checkbox"/> Interim License Plate <input type="checkbox"/> Motorcycle Interim License Plate	
The Plate Described Above Is Dealer Designee?		<input type="checkbox"/> Transfer Dealer <input type="checkbox"/> MDC A <input type="checkbox"/> MDC B	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Manufacturer <input type="checkbox"/> Watercraft Dealer	
Plate or Document Requested		<input type="checkbox"/> Watercraft Interim License Plate	
<input type="checkbox"/> Dealer License Plate <input type="checkbox"/> Watercraft Dealer License Plate		<input type="checkbox"/> Manufacturer Subcomponent (R&D)	
<input type="checkbox"/> Registration <input type="checkbox"/> Registration with Sticker		<input type="checkbox"/> Transport Operator	
LAW ENFORCEMENT CERTIFICATION			
Law Enforcement Agency		Name of Law Enforcement Officer	Badge Number
License Plate Number		Date Reported Lost or Stolen (mm/dd/yyyy)	
I swear or affirm that the above described dealer license plate has been reported to this law enforcement agency as lost or stolen, and that the information I have entered on this form is true and correct. I understand that making a false statement may constitute the crime of perjury.			
Law Enforcement Officer Signature		Date Signed (mm/dd/yyyy)	
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 Signed (mm/dd/yyyy)