APPLICATION FOR DEALER PLATES AND ADDITIONAL DEALER LICENSE PLATES

State Form 12798 (R15 / 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 complete form.*
2. *Submit the completed form to the Auto Dealer Services Division by mail, fax, hand delivery, or scan and e-mail.*
3. *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	State	ZIP Code
Telephone Number ( )	E-mail Address	County	

DEALER LICENSE PLATE INFORMATION

Type and Number of Plates Requested

- ☐ Dealer – New
- ☐ Dealer – Used
- ☐ Watercraft Interim License Plate
- ☐ Watercraft Dealer
- ☐ Manufacturer
- ☐ Motorcycle Dealer – New
- ☐ Motorcycle Dealer – Used
- ☐ Motorcycle Interim License Plate
- ☐ MDC A
- ☐ MDC B
- ☐ Transfer Dealer
- ☐ Interim License Plate
- ☐ Manufacturer Subcomponent (R&D)
- ☐ Transport Operator

Number of Plates Available	Number of Plates Requested	Plates Requested Are Dealer Designee? ☐ 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 Signed (*mm/dd/yyyy*)
Printed Name of Owner, Officer, Partner, or Authorized Representative	Title