

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. 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, or destroyed.

DEALER INFORMATION		
Name of Dealer	Dealer Number	
Address of Dealer (number and street)	City	State ZIP Code
Telephone Number	County	
(')		
DEALER LICENSE PLATE INFORMATION		
Affected License Plate Number	Affected License Plate Type	
	☐ Dealer - New ☐ Moto	rcycle Dealer - New
The Plate Described Above Has Been	Dealer - Used Moto	rcycle Dealer - Used
Lost Stolen Damaged or Destroyed (must be returned)	☐ Watercraft Dealer ☐ Trans	sfer Dealer
Plate or Document Requested	Manufacturer Man	ufacturer Subcomponent (R&D)
License Plate and Registration	☐ Transport Operator ☐ Prom	notional
Registration only (no sticker) Registration with Sticker	Designee	
LAW ENFORCEMENT CERTIFICATION		
Law Enforcement Agency (This section is only required if the Name of Law Enforcement Officer		dge Number
License Plate Number	Date Reported Lost or Stolen (mm/dd/yyyyy)	
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 (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 Print Name		Date (mm/dd/yyyy)