



APPLICATION FOR INCREASE IN DEALER LICENSE PLATE LIMIT

State Form 56140 (R2 / 12-17)

**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. If requesting additional motor driven cycle ("MDC") class A or B plates, you must select the appropriate motorcycle license plate type in addition to the corresponding MDC decal.
 4. A separate form must be completed for each plate type requested.
 5. A request for a plate limit increase may result in an audit.

DEALER INFORMATION			
Name of Dealer		Dealer Number	
Address of Established Place of Business (number and street)		City	State
Telephone Number ()	E-mail Address	County	

DEALER LICENSE PLATE INFORMATION		
Type and Number of Plates Requested:		
<input type="checkbox"/> Dealer – New	<input type="checkbox"/> Motorcycle Dealer – New	<input type="checkbox"/> Transfer Dealer
<input type="checkbox"/> Dealer – Used	<input type="checkbox"/> Motorcycle Dealer – Used	<input type="checkbox"/> Interim License Plate
<input type="checkbox"/> Watercraft Interim License Plate	<input type="checkbox"/> Motorcycle Interim License Plate	<input type="checkbox"/> Manufacturer Subcomponent (R&D)
<input type="checkbox"/> Watercraft Dealer	<input type="checkbox"/> MDC A	
<input type="checkbox"/> Manufacturer	<input type="checkbox"/> MDC B	
Number of Plates Requested	Number of Vehicles Sold in the Past twelve (12) Months	Plates Requested Are Dealer Designee? <input type="checkbox"/> Yes <input type="checkbox"/> No

Explain Your Need for an Increased Dealer Plate Limit.

DEALER AFFIRMATION	
I hereby certify, under the penalty of perjury, that I am authorized to submit 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