



# APPLICATION FOR INCREASE IN DEALER LICENSE PLATE LIMIT

State Form 56140 (R4 / 05-24)

**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](mailto: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. A separate form must be completed for each plate type requested.
  4. A request for a plate limit increase may result in an audit.

## DEALER INFORMATION

Name of Dealer		Dealer Number		
Address of Dealer (number and street)		City	State	ZIP Code
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"/> Manufacturer	<input type="checkbox"/> Transport Operator

Number of Plates Requested	Number of Vehicles Sold in the Past twelve (12) Months
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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 (mm/dd/yyyy)
Printed Name of Owner, Officer, Partner, or Authorized Representative	Title