



NOTICE OF LOST, STOLEN, OR DAMAGED DEALER LICENSE PLATE OR REGISTRATION

State Form 56222 (R / 12-17)

<p>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</p>

- 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 dealer license plate or registration that is lost, stolen, or damaged.

SECTION A - DEALER INFORMATION

Name of Dealer		Dealer Number	
Address of Established Place of Business (<i>number and street</i>)		City	State
Telephone Number ()		ZIP Code	

SECTION B - DEALER LICENSE PLATE INFORMATION

Affected License Plate Number	The Affected License Plate Has Been: <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Damaged
-------------------------------	--

SECTION C - 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 (<i>mm/dd/yyyy</i>)
Printed Name of Owner, Officer, Partner or Authorized Representative	Title