



NOTICE OF LOST, STOLEN, OR DAMAGED M-PLATE OR REGISTRATION

State Form 56223 (R / 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
 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 M-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
			ZIP Code
Telephone Number ()			

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