



# DEALER DESIGNEE ASSIGNMENT

State Form 56287 (R3 / 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](mailto:Dealers@sos.in.gov)

- INSTRUCTIONS:**
1. Complete in blue or black ink or print form.
  2. A designee license plate is only available for vehicles held in dealer inventory for resale.
  3. The application must be accompanied by a copy of each designated vehicle title or Certificate of Origin.
  4. Mail or fax application and other required documents to the Auto Dealer Services Division at the above address.

SECTION 1: DEALER INFORMATION												
Name of Dealer						Dealer Number						
Address (number and street)						City			State <b>IN</b>		ZIP Code	
County			Telephone Number (     )			E-mail Address						
SECTION 2: DESIGNEE INFORMATION												
Name of Designee						Telephone Number (     )						
Address (number and street)						City			State <b>IN</b>		ZIP Code	
SECTION 3: VEHICLE INFORMATION												
Vehicle Identification Number												
Plate Type:				Plate Number				Plate Assignment Period (Cannot exceed 180 days.)				
<input type="checkbox"/> Passenger <input type="checkbox"/> Watercraft								Starting Date (mm/dd/yyyy)			Ending Date (mm/dd/yyyy)	
Vehicle Make			Vehicle Model			Vehicle Year			Vehicle Color			
SECTION 4: AFFIRMATION AND SIGNATURE												
<b><i>I swear or affirm that the assigned vehicle is in the dealer inventory for resale, financial responsibility in the amounts required by law is in effect with respect to the vehicle, and the information I have entered on this form is correct. I understand that making a false statement may constitute the crime of perjury.</i></b>												
Signature of Authorized Dealer Representative									Date (mm/dd/yyyy)			
Printed Name						Title						