



REQUEST FOR DEALER DESIGNEE LICENSE PLATES

State Form 56304 (R / 12-17)

**INDIANA SECRETARY OF STATE
AUTO DEALER SERVICES DIVISION**
302 West Washington Street, Room E-111
Indianapolis, IN 46204
Fax Number: (317) 233-1915
dealers@sos.in.gov

- INSTRUCTIONS:**
1. Complete in blue or black ink or print form.
 2. Mail, fax, or e-mail application and other required documents to the Auto Dealer Services Division at the above address.
 3. The Secretary of State retains the discretion to determine or limit the number of dealer designee license plates issued to a dealer.

SECTION 1: DEALER INFORMATION			
Name of Dealer		Dealer Number	
Address (number and street)		City	State IN
County	Telephone Number ()	E-mail Address	
SECTION 2: TYPE AND NUMBER OF PLATES REQUESTED			
Type of Dealer Designee Plates Requested: <input type="checkbox"/> Car / Truck / Trailer / Recreational Vehicle <input type="checkbox"/> Watercraft		Number of Plates Requested (Cannot exceed ten (10).)	
SECTION 3: AFFIRMATION AND SIGNATURE			
<i>I swear or affirm that the information I have entered on this form is correct. I understand that making a false statement may constitute the crime of perjury.</i>			
Signature of Authorized Dealer Representative			Date (mm/dd/yyyy)
Printed Name		Title	