



APPLICATION FOR DEALER PLATES AND WATERCRAFT DEALER PLATES

State Form 12798 (R16 / 03-24)

**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

- INSTRUCTIONS:**
1. Complete in blue or black ink or print complete 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 additional plates 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"/> Manufacturer	
<input type="checkbox"/> Watercraft Dealer	<input type="checkbox"/> Motorcycle Interim License Plate	<input type="checkbox"/> Manufacturer Subcomponent (R&D)	
<input type="checkbox"/> Transport Operator			
Number of Plates Requested			
Explain Your Need for Additional Dealer License Plates.			
DEALER AFFIRMATION			
I hereby certify, under the penalty of perjury, that I am authorized to make 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	