



**APPLICATION FOR DEALER PLATES AND
ADDITIONAL DEALER LICENSE PLATES**
State Form 12798 (R13 / 5-17)

**INDIANA SECRETARY OF STATE
AUTO DEALER SERVICES DIVISION**
302 West Washington Street Room E-018
Indianapolis, IN 46204
Fax: (317) 233-1915
Dealers@sos.in.gov

- 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 plate type requested.
 4. A request for additional plates may result in an audit.

DEALER INFORMATION			
Name of Dealer		Dealer Number	
Address of Established Place of Business (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"/> Interim License Plate
<input type="checkbox"/> Watercraft Interim License Plate	<input type="checkbox"/> Motorcycle Interim License Plate	<input type="checkbox"/> Manufacturer Subcomponent (R&D)
<input type="checkbox"/> Watercraft Dealer	<input type="checkbox"/> MDC A	
<input type="checkbox"/> Manufacturer	<input type="checkbox"/> MDC B	
Number of Plates Available	Number of Plates Requested	Plates Requested Are Dealer Designee? <input type="checkbox"/> Yes <input type="checkbox"/> No

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 Signed (mm/dd/yyyy)
Printed Name of Owner, Officer, Partner, or Authorized Representative	Title