



APPLICATION FOR WATERCRAFT DEALER PLATES / REGISTRATIONS

State Form 43724 (R7 / 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: Send completed application to the Dealer Division at the above address.

Legal name of business		
Address (number and street)		
City, state, and ZIP code		
Dealer number	Telephone number ()	E-mail address

Item(s) requested (Check all that apply.)	
<input type="checkbox"/> Plates	<input type="checkbox"/> Duplicate registration (no plates)
Number of plates requested	
Registration number, if requesting duplicate registration	

I hereby certify, under the penalty of perjury, that the answers and information contained in the application are true and correct.	
Signature of owner, partner or officer	Date signed (month, day, year)
Typed or printed name and title of owner, partner, or officer	