



# APPLICATION FOR INTERIM PLATES

State Form 22465 (R12 / 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)

Type of interim plate <input type="checkbox"/> Vehicle <input type="checkbox"/> Motorcycle <input type="checkbox"/> MDC A <input type="checkbox"/> MDC B <input type="checkbox"/> Temporary special permit (watercraft)		Number of interim plates you are requesting
1. Name of business		
2. Address (number and street, city, state, and ZIP code)		
3. Current dealer license number		4. Number of interim plates on hand at the time of this application
5. Number of sales last calendar year Wholesale: _____      Retail: _____		6. E-mail address
<p>Interim plates are to be issued by Dealers or Manufacturers to buyers of motor vehicles. This plate will authorize the purchaser to operate the vehicle for a period not to exceed forty-five (45) days after the date of delivery as indicated upon the interim plate or until regular registration plates have been obtained, whichever event first occurs.</p> <p>The Dealer or Manufacturer who issues the plate must affix the date on which the plate expires to the interim registration plate.</p> <p>The Dealer or Manufacturer must keep a record of interim plate control numbers issued. This record shall include Control Number, Purchaser's Name and Address, Vehicle Year and Make, Identification Number and the Delivery Date.</p> <p>When issuing an interim registration plate, the purchaser should be advised that he/she must carry written evidence of the sale in the vehicle at all times.</p> <p>Dealers are not allowed to transfer interim plates to another dealer.</p> <p>Form must have original signature, no faxed copies will be accepted.</p>		
I hereby certify under 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, partner, or officer		Date (month, day, year)
Print or type name of owner, partner, or officer		Title

**FOR SOS USE ONLY**

For \_\_\_\_\_ plates issued, beginning Control number \_\_\_\_\_ through ending Control number \_\_\_\_\_