



APPLICATION FOR DEALER PLATES & ADDITIONAL DEALER PLATES

State Form 12798 (R10 / 6-12)

CONNIE LAWSON
SECRETARY OF STATE
DEALER DIVISION

302 W. Washington Street, Room E018
Indianapolis, Indiana 46204-2700
Telephone: (317) 234-7190
Fax: (317) 233-1915
www.sos.in.gov

INSTRUCTIONS: Complete application in full.

Name of business		
Address (number and street, city, state, and ZIP code)		
Dealer number	Telephone number ()	E-mail address
Type of dealer plates applying for (check one)		
<input type="checkbox"/> Dealer - New	<input type="checkbox"/> Mobile Home Dealer	<input type="checkbox"/> Wholesale Dealer
<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Trailer Dealer	<input type="checkbox"/> Motorcycle Dealer - New
<input type="checkbox"/> Dealer - Used	<input type="checkbox"/> Recreational Vehicle Dealer	<input type="checkbox"/> Motorcycle Dealer - Used
Dealer plates requested (check one)		If requesting additional plates, please indicate quantity requested.
<input type="checkbox"/> Two (2) Dealer plates	<input type="checkbox"/> Two (2) Motorcycle Dealer plates	
<input type="checkbox"/> Additional Dealer plates	<input type="checkbox"/> Additional Motorcycle Dealer plates	
I hereby certify, under penalty of perjury, 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