



APPLICATION FOR INCREASE IN DEALER LICENSE PLATE LIMIT

State Form 56140 (R3 / 7-21)

**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 completed form.
2. Submit the completed form to the Auto Dealer Services Division by mail, fax, hand delivery, or scan and e-mail.
3. If requesting additional motor driven cycle ("MDC") class A or B plates, you must select the appropriate motorcycle license plate type in addition to the corresponding MDC decal.
4. A separate form must be completed for each plate type requested.
5. A request for a plate limit increase 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"/> Transport Operator	
<input type="checkbox"/> Manufacturer	<input type="checkbox"/> MDC B		
Number of Plates Requested	Number of Vehicles Sold in the Past twelve (12) Months	Plates Requested Are Dealer Designee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Explain Your Need for an Increased Dealer Plate Limit.			
DEALER AFFIRMATION			
I hereby certify, under the penalty of perjury, that I am authorized to submit 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	