

## DEALER PLATE APPLICATION

AGENCY USE ONLY	

BUSINESS TRADING AS NAME	DEALER CERTIFICATE NUMBER			
BUSINESS ADDRESS	BUSINESS TELEPHONE NUMBER			
CITY	STATE	ZIP CODE	Total # Decals	Total # Plates

For Initial Applicants: You are allowed 4 plates per salesperson. Minimum 2 plates per plate type.

PRORATED PLATE FEE CHART (no refund on plates)				NEW OR ADDITIONAL PLATES REQUEST												
<b>Months</b>	<b>Car - Truck - Motorcycle - Recreational Vehicle - Trailer</b>			Indicate Number of Additional Plates Requested												
TOTAL MONTHS OF REGISTRATION	FIRST 2 PLATES	EACH ADDITIONAL PLATE FEE	ADDITIONAL FEE FOR RESERVED PLATES	CAR / TRUCK	MOTORCYCLE											
12 months	60.00	26.00	10.00	RECREATIONAL VEHICLE	TRAILER											
11 months	55.00	23.83	9.17	<b>REPLACEMENT PLATE / DECAL REQUEST</b> <b>Plate Replacement for Lost / Stolen / Damaged Plate(s)</b> (circle one) Indicate plate numbers below. Fee \$10.00 (includes decals). <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 33%;">PLATE NUMBER</td> <td style="width: 33%;">PLATE NUMBER</td> <td style="width: 33%;">PLATE NUMBER</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <b>Decal Replacement Only</b> Indicate month and/or year below. Fee \$1.00 each. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 66%;">MONTH</td> <td style="width: 33%;">YEAR</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>			PLATE NUMBER	PLATE NUMBER	PLATE NUMBER				MONTH	YEAR		
PLATE NUMBER	PLATE NUMBER	PLATE NUMBER														
MONTH	YEAR															
10 months	50.00	21.67	8.33													
9 months	45.00	19.50	7.50													
8 months	40.00	17.33	6.67													
7 months	35.00	15.17	5.83													
6 months	30.00	13.00	5.00													
5 months	25.00	10.83	4.17													
4 months	20.00	8.67	3.33													
3 months	15.00	6.50	2.50													
2 months	10.00	4.33	1.67													
1 month	5.00	2.17	.83													

INSURANCE CERTIFICATION (check one box)
<input type="checkbox"/> I/we certify that vehicles owned or assigned to my firm are insured by a policy issued through an insurance company licensed to do business in Virginia and that the policy provides at least the minimum amount of coverage as required by § 46.2-1547 Code of Virginia. I have attached a copy of my Certificate of Liability Insurance as proof of insurance coverage on each dealer plate.
<input type="checkbox"/> A certificate of self-insurance number _____ has been issued by DMV pursuant to §46.2-368 for the series of dealer's license plates issued.
<b>NOTE: AUTOMOBILE LIABILITY INSURANCE MUST BE MAINTAINED ON EACH DEALER'S LICENSE PLATE FOR AS LONG AS THAT PLATE REMAINS VALID.</b>

CERTIFICATION						
I certify and affirm that all information presented in this form is true and correct, that any documents I have presented to MVDB are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">OWNER, PARTNER OR OFFICER NAME (print)</td> <td style="width: 40%;">OWNER, PARTNER OR OFFICER SIGNATURE</td> <td style="width: 20%;">DATE (mm/dd/yyyy)</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	OWNER, PARTNER OR OFFICER NAME (print)	OWNER, PARTNER OR OFFICER SIGNATURE	DATE (mm/dd/yyyy)			
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