

**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		
Months	Car - Truck - Motorcycle - Recreational Vehicle - Trailer			Indicate Number of Plates Requested (new or additional)		
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			
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			

  

REPLACEMENT PLATE / DECAL REQUEST		
<b>Plate Replacement for Lost / Stolen / Damaged Plate(s)</b> Indicate plate numbers below. Fee \$10.00 (includes decals).		
PLATE NUMBER	PLATE NUMBER	PLATE NUMBER
<b>Decal Replacement Only</b> Indicate month and/or year below. Fee \$1.00.		
MONTH		YEAR

**INSURANCE CERTIFICATION (check one box)**

- 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 Virginia law.
- 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.

**NOTE: AUTOMOBILE LIABILITY INSURANCE MUST BE MAINTAINED ON EACH DEALER'S LICENSE PLATE FOR AS LONG AS THAT PLATE REMAINS VALID.**

**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.

OWNER, PARTNER OR OFFICER NAME (print)	OWNER, PARTNER OR OFFICER SIGNATURE	DATE (mm/dd/yyyy)
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