

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)				PLATES AND/OR DECALS 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	PLATES AND/OR DECALS REPLACEMENT Fees: \$10.00 per plate - \$1.00 per decal List the plate number below and check the box to indicate if the plate, decal month or decal year is to be replaced due to being lost, stolen or damaged.	
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	<input type="checkbox"/> Replace Plate <input type="checkbox"/> Replace Decal - Month <input type="checkbox"/> Replace Decal - 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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