Purpose: Automotive manufacturers use this form to apply for Factory/Distributor Plates.
Instructions: Submit completed form with licensing documents to Dealer Services at the above address.
Privacy Statement: In accordance with Virginia Code §2.2-4807 and 2.2-803, the State Comptroller requires that this information, including the federal employer identification number, be collected for debt set off collection purposes.

| FEE |  |  |  |
| :---: | :--- | :--- | :--- |
| $\$$ | LICENSE YEAR ENDING | NUMBER DECALS | NUMBER PLATES |


| MANUFACTURER/DISTRIBUTOR NAME | LICENSE NUMBER | DMV CUSTOMER NUMBER/FEDERAL | MPLOYER IDENTIFICATION NUMBER |
| :---: | :---: | :---: | :---: |
| ADDRESS | HEADQUARTERED IN VIRGINIA?$\square$ Yes $\square$ No |  | BUSINESS TELEPHONE NUMBER $\left(\begin{array}{l}\text { ( }\end{array}\right.$ |
| CITY | STATE | ZIP CODE | DMV USE ONLY PLATE NUMBERS |
| NUMBER OF PLATES | CURRENT P | TES |  |

## 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 $\qquad$ has been issued by DMV pursuant to Virginia Code §46.2-368 for the series of license plates issued.NOTE: AUTOMOBILE LIABILITY INSURANCE SHALL BE MAINTAINED ON EACH 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 DMV 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 SIGNATURE
DATE

| PRORATED FEES | FACTORY/DISTRIBUTOR PLATES <br> NO REFUNDS ON PLATE(S) |  |
| :---: | :---: | :---: |
| TOTAL MONTHS OF REGISTRATION | FIRST 2 PLATES | EACH ADDITIONAL PLATE |
| 12 mos . | 30.00 | 13.00 |
| 11 mos . | 27.50 | 11.92 |
| 10 mos . | 25.00 | 10.83 |
| 9 mos . | 22.50 | 9.75 |
| 8 mos. | 20.00 | 8.67 |
| 7 mos . | 17.50 | 7.58 |
| 6 mos. | 15.00 | 6.50 |
| 5 mos. | 12.50 | 5.42 |
| 4 mos. | 10.00 | 4.33 |
| 3 mos . | 7.50 | 3.25 |
| 2 mos. | 5.00 | 2.17 |
| 1 mo . | 2.50 | 1.08 |

