

APPLICATION FOR FACTORY/DISTRIBUTOR PLATES

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 ENDI	NG	NUMBER DECALS		S	NU	JMBER I	PLATES		
MANUFACTURER/DISTRIBUTOR NAME LICENS		CENSE NUMBI	E NUMBER DMV CUSTOMER NUMBER/F			FEDERAL EMPLOYER IDENTIFICATION NUMBER				
ADDRESS			HEADQUARTERED IN VIRGINIA? Yes				No BUSINESS TELEPHONE NUMBER			
CITY				ZIP	P CODE			DMV USE ONLY PLATE NUMBERS		
NUMBER OF PLATES CURRENT PLATES										
		insured by a policy issued through an			PRORATED FEES		FACTORY/DISTRIBUTOR PLATES NO REFUNDS ON PLATE(S			
minimum amount of coverage as A certificate of self-insurance num Virginia Code §46.2-368 for the se	has be	has been issued by DMV pursuant to				AL S OF ATION	FIRST 2 PLATES	EACH ADDITIONAL PLATE		
		N EACH LICENSE PLATE FOR AS LONG AS			12 mos. 11 mos. 10 mos. 9 mos.		30.00 27.50 25.00	13.00 11.92 10.83		
CERTIFICATION						9 mc		22.50 20.00	9.75 8.67	
I certify and affirm that all information presented in this form is true and correct, that have presented to DMV are genuine, and that the information included in all support is true and accurate. I make this certification and affirmation under penalty of perjuthat knowingly making a false statement or representation on this form is a criminal				upporting of perjury an	documentation d I understand	7 mos. 6 mos. 5 mos. 4 mos. 3 mos.		17.50 15.00 12.50 10.00 7.50	7.58 6.50 5.42 4.33	
OWNER, PARTNER OR OFFICER SIGNA				DATE	2 mg	OS.	5.00 2.50	3.25 2.17 1.08		