

DEALER APPLICATION FOR 5-DAY TRANSPORT PLATES

Purpose: Motor Vehicle Dealers use this form to apply to purchase transport plates.

Instructions: Complete form and submit with driver's license and dealership payment, to any DMV customer service center.

MOTOR VEHICLE DEALERS MUST PROVIDE THE PROPER INSURANCE ON ALL 5-DAY TRANSPORT LICENSE PLATES

DEALER INFORMATION				
DEALER NUMBER	DEALER TRADE NAME			
DEALER BUSINESS ADDRESS	CITY	STATE	ZIP CODE	
INDIVIDUAL AUTHORIZED TO PICK UP PLATES NAME (print) *		DRIVER LICENSE NUMBER		

PLATE INFORMATION				
PLATE TYPE AND QUANTITY		FOR DMV USE ONLY		
5-DAY TRANSPORT REGULAR (10 pairs of plates per pack)	NUMBER OF PACKS	X \$15 per pack	\$	FROM PLATE # TO PLATE #
5-DAY TRANSPORT MOTORCYCLES (10 single plates per pack)	NUMBER OF PACKS	X \$15 per pack	\$	FROM PLATE # TO PLATE #
		TOTAL	\$	

CERTIFICATION		
<input type="checkbox"/> I/we certify that vehicles owned or assigned to my/our firm are insured by an insurance company licensed to do business in Virginia and that the policy provides at least the minimum amount of coverage as required by law.		
<input type="checkbox"/> A certificate of self insurance # _____ has been issued by DMV pursuant to §46.2-368 with respect to each dealer's license plate issued.		
<p>I/we certify and affirm that all information presented in this form is true and correct, that any documents I/we have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I/we 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.</p> <p>I/we further certify that all 5-day transport plates will be issued by this dealer in full compliance with the Motor Vehicle Dealer Licensing Laws of the Code of Virginia.</p>		
DEALER, DEALER-OPERATOR, OWNER OR PARTNER NAME (print)	TITLE	DATE (mm/dd/yyyy)
DEALER, DEALER-OPERATOR, OWNER OR PARTNER SIGNATURE	EXECUTED AND SIGNED IN THE <input type="checkbox"/> COUNTY <input type="checkbox"/> CITY OF _____	

DMV USE ONLY		
* DRIVER LICENSE NUMBER PRESENTED (for plate pickup)	ISSUING STATE	DMV AUTHORIZED SIGNATURE