

**MOTOR VEHICLE DEALER
APPLICATION TO AUTHORIZE
TRANSPORT PLATE PURCHASER**

Purpose: Use this form to add, update the status of, or remove an employee from eligibility to purchase transport plates on behalf of the dealership.

Instructions: Mail the completed form to Dealer Services, at the above address or fax to (804) 367-7046. To list additional authorized purchasers, use a second DSD 43 form.

DEALER INFORMATION		
DEALERSHIP NAME	DEALER LICENSE NUMBER	TELEPHONE NUMBER
BUSINESS ADDRESS	FAX NUMBER	
CITY	STATE	ZIP CODE
EMAIL ADDRESS		

AUTHORIZED PURCHASER INFORMATION					
Action	Purchaser Information		Action	Purchaser Information	
<input type="checkbox"/> Add	FULL LEGAL NAME (last)		<input type="checkbox"/> Add	FULL LEGAL NAME (last)	
<input type="checkbox"/> Remove	FULL LEGAL NAME (first)	(mi) (suffix)	<input type="checkbox"/> Remove	FULL LEGAL NAME (first)	(mi) (suffix)
<input type="checkbox"/> Update	DMV CUSTOMER NUMBER	STATE	<input type="checkbox"/> Update	DMV CUSTOMER NUMBER	STATE
<input type="checkbox"/> Add	FULL LEGAL NAME (last)		<input type="checkbox"/> Add	FULL LEGAL NAME (last)	
<input type="checkbox"/> Remove	FULL LEGAL NAME (first)	(mi) (suffix)	<input type="checkbox"/> Remove	FULL LEGAL NAME (first)	(mi) (suffix)
<input type="checkbox"/> Update	DMV CUSTOMER NUMBER	STATE	<input type="checkbox"/> Update	DMV CUSTOMER NUMBER	STATE
<input type="checkbox"/> Add	FULL LEGAL NAME (last)		<input type="checkbox"/> Add	FULL LEGAL NAME (last)	
<input type="checkbox"/> Remove	FULL LEGAL NAME (first)	(mi) (suffix)	<input type="checkbox"/> Remove	FULL LEGAL NAME (first)	(mi) (suffix)
<input type="checkbox"/> Update	DMV CUSTOMER NUMBER	STATE	<input type="checkbox"/> Update	DMV CUSTOMER NUMBER	STATE
<input type="checkbox"/> Add	FULL LEGAL NAME (last)		<input type="checkbox"/> Add	FULL LEGAL NAME (last)	
<input type="checkbox"/> Remove	FULL LEGAL NAME (first)	(mi) (suffix)	<input type="checkbox"/> Remove	FULL LEGAL NAME (first)	(mi) (suffix)
<input type="checkbox"/> Update	DMV CUSTOMER NUMBER	STATE	<input type="checkbox"/> Update	DMV CUSTOMER NUMBER	STATE

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.		
TOTAL AUTHORIZED PURCHASERS ADDED	DEALER, DEALER-OPERATOR, OR OWNER NAME (print)	TITLE
DEALER, DEALER-OPERATOR, OR OWNER SIGNATURE		DATE (mm/dd/yyyy)
EXECUTED AND SIGNED IN THE <input type="checkbox"/> COUNTY OF <input type="checkbox"/> CITY OF		STATE