APPLICATION FOR LOST OR ADDITIONAL DEALER PLATES

NCDMV LICENSE AND THEFT BUREAU - DEALER UNIT 3129 MAIL SERVICE CENTER, RALEIGH, NC 27697-3129

Dealer Number:	Busines	Business Name:			
ddress:			_ Phone Number	one Number:	
City:	State:		_Zip:		
Have any of your plates been los plates and indicate lost, stolen, o		r are no longer	in your possessio	on: Yes No	Please list
Additior Type of plate and quantity:	nal Plates Requested.	Eligibility base	d on previous LT	418 on record	
Independent Dealer	Franchise De	aler Mo	torcycle Plate	Exempt Trailer	
Manufacturer Plate					
* First five (5) plates issued to \$23.25 each. In counties when plate will be due as indicated	re a Regional Transit A	uthority Tax (F	•	•	•
*Wake County: \$15.00 per pla	te *Randolph	County: \$1.00	per plate		
*Durham/Orange Counties: \$2	15.00 per plate				
	olates at \$46.25 ea	+ RTA fees	(if applicable)	= Total fee \$	
Quantity of additional Dealer p					
Quantity of additional Dealer p Quantity of additional Dealer p		+ RTA fees	(if applicable)	= Total fee \$	

N.C.G.S. § 20-294. A license may be denied, suspended or revoked if a material misstatement was made in an application for license. I certify as proprietor, partner or corporate officer, I have authority to sign and submit this application and the statements contained therein are true and correct to the best of my knowledge.

Garage Liability Insurance: ______ Policy Number: ______

Signature: _____ Date: _____ Date: _____