

NORTH CAROLINA STATE HIGHWAY PATROL
INVESTIGATIVE SERVICES UNIT – DEALER SECTION
3129 MAIL SERVICE CENTER, RALEIGH NC 27697

RENEWAL APPLICATION FOR DEALER PLATES (MID-TERM YEAR)

Dealer Number: _____ Expiration Date: _____

1. FIRM NAME AND ADDRESS. (*Please contact a local NCSHP office with any name and/or address changes.)

Firm Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

2. DEALER TYPE: **FRANCHISE** or **INDEPENDENT**

List Current Franchise(s): _____

Were any franchises added or dropped? Yes No
 If yes, list all Added or Dropped Franchise(s) in the section below:

Franchise(s) Added*	Franchise(s) Dropped

***Attach franchise agreement(s) and Modify Dealer Report if making additions.**

3. OWNERSHIP: (Check appropriate block) INDIVIDUAL PARTNERSHIP CORPORATION LLC

List name, address and title of Owner, Partner or Officers of Corporation (use reverse side if needed)
 Complete ISU-400B if minor ownership or officer change.

<u>NAME</u>	<u>ADDRESS</u>	<u>TITLE</u>

4. Dealer Continuing Education (6-hour) Course Certificates are not required to be submitted during the Mid-Term Plate Renewal period; however, Used Motor Vehicle Dealers are required to complete one 6-hour Dealer Continuing Education course approved by the Division for each year of the licensing period immediately preceding the renewal as required by N.C.G.S. § 20-288(A1). Be prepared to submit two (2) Certificates at with next Dealer License Renewal.

5. I certify that, as proprietor, partner or corporate officer of this firm, I have authority to sign and submit this application, and the statements contained therein are true and correct.

Printed Name _____ Title _____

Signature _____ Date _____

6. FEES

Total Plate fees from ISU-405.....\$ _____
 Temporary Markers - \$25.00 per set of 25..... **Motorcycle** _____ **Auto** _____ \$ _____
Total fees enclosed \$ _____

7. INSURANCE CERTIFICATION MUST BE COMPLETED.

This is to certify that I have liability insurance with _____
Policy Number _____ as required by the North Carolina Financial Responsibility Act of 1957 and certify
there has not been a license plate revocation.

8. Is the owner, partners, or any members of the corporation, listed on this application, active-duty military,
a military veteran, or a military spouse? **Yes** or **No**

If yes, complete the information below:

Name	Active-Duty Military	Military Veteran	Military Spouse

***Notice: If there is a change of name, address and/or ownership, do not forward this renewal to the Dealer Section
without contacting a local NCSHP office.***

Signature of Applicant: _____

Date: _____ County: _____ State: _____

I certify that the following person personally appeared before me this day, each acknowledging to me that he or she
voluntarily signed the foregoing document for the purpose stated therein and, in the capacity indicated:

_____ (name of principal).

Notary Signature: _____ Notary Printed or Typed Name: _____

(SEAL)

My Commission Expires: _____