

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

APPLICATION FOR LOST OR ADDITIONAL DEALER PLATES

APPLICANT INFORMATION. Please print legibly.

Dealer Number: _____ Business Name: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

Have any of your plates been lost, stolen, mutilated or are no longer in your possession: Yes No Please list plates and indicate lost, stolen, or mutilated:

A Police Report is attached for plates reported stolen: Yes No

A Letter of Explanation is attached for plates reported lost: Yes No

Mutilated plates have been returned to the Dealer Section: Yes No

Additional Plates Requested

Eligibility based on previous ISU-418 on record. Plates are issued for two (2) years*

Enter quantity beside each plate category requested:

_____ Independent Dealer _____ Franchise Dealer _____ Motorcycle Plate _____ Exempt Trailer
_____ Manufacturer Plate _____ Motorcycle Manufacturer _____ Dealer Transporter Plate

***First five (5) plates issued to your Dealership are \$46.25 each.**

*** Additional plates & Dealer Transporter plates are \$23.13 each.**

In counties where a Regional Transit Authority Tax (RTA) has been authorized, an additional fee for each plate will be due as indicated:

***Wake /Durham/Orange Counties: \$17.00 per plate *Randolph County: \$1.00 per plate**

Dealer plates (First 5): \$46.25 ea. x 2 yrs. x _____ plates = _____ + RTA fees (if applicable) _____ = Total fee \$ _____

Additional Dealer plates: \$23.13 ea. x 2 yrs. x _____ plates = _____ + RTA fees (if applicable) _____ = Total fee \$ _____

Dealer Transporter plates: \$23.13 ea. x 2 yrs. x _____ plates = _____ + RTA fees (if applicable) _____ = Total fee \$ _____

Grand Total: \$ _____

Pursuant to 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: _____

Printed Name: _____ Title: _____

Signature: _____ Date: _____