

## DRIVE-AWAY/OFFICE TRAILER PLATE APPLICATION

APPLICANT OR BUSINESS NAME	OWNER NAME	DMV CUSTOMER # / EMPL ID #	
MAILING ADDRESS	CITY	STATE	ZIP CODE
PHYSICAL ADDRESS	CITY	STATE	ZIP CODE
WEBSITE ADDRESS	EMAIL ADDRESS		BUSINESS TELEPHONE NUMBER
			<b>DMV USE ONLY</b> <b>PLATE NUMBERS</b>

### DRIVE-AWAY PLATES

If application is for drive-away plates, you must provide the following with your application:

- 1) Copy of your business license. If a business license cannot be provided, a letter from that jurisdiction will be required.
- 2) Copy of your insurance showing the number of Drive-Away Plates insured under that policy.

EXPLAIN WHAT THE DRIVE-AWAY PLATES WILL BE USED FOR

### INSURANCE CERTIFICATION (check one box)

- I/we certify that vehicles owned or assigned to my firm are insured by a policy issued through an insurance company licensed to do business in Virginia and that the policy provides at least the minimum amount of coverage as required by Virginia law.
- A certificate of self-insurance number \_\_\_\_\_ has been issued by DMV pursuant to §46.2-368 for the series of dealer's license plates issued.

**NOTE:** AUTOMOBILE LIABILITY INSURANCE MUST BE MAINTAINED ON EACH DRIVE-AWAY AND OFFICE TRAILER PLATE FOR AS LONG AS THAT PLATE REMAINS VALID. Insurance certification is not required for office trailer plates.

### 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.

OWNER, PARTNER OR OFFICER NAME (print)	OWNER, PARTNER OR OFFICER SIGNATURE	DATE (mm/dd/yyyy)
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**PRIVACY STATEMENT** - In accordance with Virginia Code §§ 2.2-803, 2.2-4807 and § 58.1-520 et seq., the State Comptroller requires that this information, including your social security number, be collected for debt set off collection purposes.

### PLATE INFORMATION

<input type="checkbox"/> DRIVE AWAY PLATES (check the box and enter number of plates requested)			<input type="checkbox"/> OFFICE TRAILER PLATES (check the box and enter number of plates requested)		
<b>Prorated Plate Fees (no refund on plates)</b>			<b>Reissue Plates and/or Decals</b>		
<b>MONTHS</b>	<b>DRIVE-AWAY</b>		<b>OFFICE TRAILER</b>	CHECK APPLICABLE BOX(ES) (Fees: \$10.00 per plate - \$1.00 per decal. No additional fee at time of renewal.)	
<b>TOTAL MONTHS OF REGISTRATION</b>	<b>FIRST 2 REGULAR PLATES</b>	<b>EACH ADDITIONAL PLATE</b>	<b>EACH REGULAR PLATE</b>		
12 months	75.00	20.00	22.00	<input type="checkbox"/> LOST	<input type="checkbox"/> DESTROYED
11 months	68.75	18.33	20.17	<input type="checkbox"/> STOLEN	<input type="checkbox"/> MUTILATED
10 months	62.50	16.67	18.33	List the plate number below and check the box to indicate if the plate, decal month or decal year is to be reissued.	
9 months	56.25	15.00	16.50	<b>Plate #</b>	<b>Plate or Decal</b>
8 months	50.00	13.33	14.67		<input type="checkbox"/> Reissue Plate <input type="checkbox"/> Reissue Decal - Month <input type="checkbox"/> Reissue Decal - Year
7 months	43.75	11.67	12.83		
6 months	37.50	10.00	11.00		
5 months	31.25	8.33	9.17		
4 months	25.00	6.67	7.33		
3 months	18.75	5.00	5.50		
2 months	12.50	3.33	3.67		
1 month	6.25	1.67	1.83		