Virginia Department of Motor Vehicles
Post Office Box 27412
Richmond, Virginia 23269-0001
www.dmv.virginia.gov

DRIVE-AWAY/OFFICE TRAILER PLATE APPLICATION

PURPOSE: Use this form to apply for Drive-Away or Office Trailer plates.

INSTRUCTIONS: Submit a completed application and a non-refundable fee to Dealer Services at the address listed above.
Drive-Away applicants: Must include a (1) copy of your business license. If a business license cannot be provided, a letter from that jurisdiction will be required. (2) A copy of your insurance showing the number of Drive Away Plates insured under that policy.

APPLICANT INFORMATION

APPLICANT OR BUSINESS NAME	OWNER NAME		CUSTOMER/EMPLOYEE ID NO.
MAILING ADDRESS	CITY	STATE	ZIP CODE
PHYSICAL ADDRESS	CITY	STATE	ZIP CODE
CERTIFICATE NUMBER	EMAIL ADDRESS		BUSINESS TELEPHONE NUMBER ( )

PLATE INFORMATION

SELECT THE PLATE TYPE YOU ARE REQUESTING:

- ☐ OFFICE TRAILER PLATES
- ☐ DRIVE AWAY PLATES - Select how the plates will be used (required):
  - ☐ On unladen motor vehicles, trailers, and semitrailers which are being delivered from points of assembly or distribution.
  - ☐ By a financial institution specifically excluded from the definition of “motor vehicle dealer” for the purpose of using them in the normal course of business in taking, repossessing, or otherwise transporting vehicles for the purpose of preservation, sale, allowing a prospective buyer to test-drive the vehicle, or otherwise in connection with repossession or foreclosure of the vehicle on which there is a security interest securing a loan to a financial institution.
  - ☐ By a business engaged in automobile auction or the mounting, installing, servicing, or repairing of equipment on or in a vehicle.

SELECT ONE APPLICATION TYPE AND INDICATE HOW MANY PLATES YOU ARE SUBMITTING THIS APPLICATION FOR:

☐ ORIGINAL ☐ RENEWAL ☐ SURRENDER ☐ REISSUE

Reissue reason: ☐ LOST ☐ STOLEN ☐ DESTROYED ☐ MUTILATED

TOTAL NUMBER OF PLATES BEING REQUESTED: ____

LIST THE PLATE NUMBERS FOR WHICH YOU WOULD LIKE TO REISSUE OR SURRENDER:
- For reissues, please indicate if the entire plate, month, or year decal needs to be replaced.

LICENSE PLATE NO.	DECAL	LICENSE PLATE NO.	DECAL	LICENSE PLATE NO.	DECAL
☐ Plate	☐ Month ☐ Year	☐ Plate	☐ Month ☐ Year	☐ Plate	☐ Month ☐ Year
☐ Plate	☐ Month ☐ Year	☐ Plate	☐ Month ☐ Year	☐ Plate	☐ Month ☐ Year
☐ Plate	☐ Month ☐ Year	☐ Plate	☐ Month ☐ Year	☐ Plate	☐ Month ☐ Year
☐ Plate	☐ Month ☐ Year	☐ Plate	☐ Month ☐ Year	☐ Plate	☐ Month ☐ Year
☐ Plate	☐ Month ☐ Year	☐ Plate	☐ Month ☐ Year	☐ Plate	☐ Month ☐ Year

(*Plates and Decal Reissue Fees: $10.00 per plate - $1.00 per decal. No additional fee at time of renewal.)

Prorated Plate Fees (no refund on plates)

MONTHS	DRIVE-AWAY		OFFICE TRAILER
TOTAL MONTHS OF REGISTRATION	FIRST 2 REGULAR PLATES	EACH ADDITIONAL PLATE	EACH REGULAR PLATE
12 months	75.00	20.00	22.00
11 months	68.75	18.33	20.17
10 months	62.50	16.67	18.33
9 months	56.25	15.00	16.50
8 months	50.00	13.33	14.67
7 months	43.75	11.67	12.83

Prorated Plate Fees (no refund on plates)

MONTHS	DRIVE-AWAY		OFFICE TRAILER
TOTAL MONTHS OF REGISTRATION	FIRST 2 REGULAR PLATES	EACH ADDITIONAL PLATE	EACH REGULAR PLATE
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 months	6.25	1.67	1.83

INSURANCE CERTIFICATION

Choose one of the following:

☐ 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

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.

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)

DMV USE ONLY

FEE	LICENSE YEAR ENDING		NUMBER DECALS	NUMBER PLATES
PLATE NUMBER	PLATE NUMBER	PLATE NUMBER	PLATE NUMBER	PLATE NUMBER
PLATE NUMBER	PLATE NUMBER	PLATE NUMBER	PLATE NUMBER	PLATE NUMBER