

## Application for Additional Section 5 Plates

Corporation / Trade Name: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Registration Type: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Number of Plates Requested: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

Current Number of Employees: \_\_\_\_\_

Names of Authorized Users (attach a copy of a valid driver's license for each):

\_\_\_\_\_

\_\_\_\_\_

Total Number of Vehicles Sold in the Last 12 Months: \_\_\_\_\_

*I affirm that all statements are true to the best of my knowledge and belief.*

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**False statements are punishable by fine, imprisonment or both.  
(General Laws Ch. 90, Sec. 24)**

RMV USE ONLY

Clerk Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Registrar Stamp: