AMENDMENT TO OWNER, OFFICER, OR PARTNER

State Form 55954 (12-15)

INDIANA SECRETARY OF STATE
AUTO DEALER SERVICES DIVISION
302 West Washington Street Room E-018
Indianapolis, IN 46204
Dealers@sos.in.gov
Fax: (317) 233-1915

INSTRUCTIONS:

1. *Complete in blue or black ink or print completed form.*
2. *By completing this form, you are requesting the Secretary to add or remove an owner, officer, or a partner from your license. Submit the completed form to the Auto Dealer Services Division by mail, fax, hand delivery, or scan and e-mail.*
3. *All owners, officers, or partners currently on the license must sign this form affirming the request.*
4. *This form must be notarized.*
5. *If you are adding an owner, officer, or partner, you must include a copy of a government issued identification for that individual. If you are removing an owner, officer, or partner due to their death or incapacity, you must include official documentation.*
6. *A separate form must be completed for each addition or removal of an owner, officer, or a partner.*

DEALER INFORMATION

Name of Dealer	Dealer Number	County

Address of Established Place of Business *(number and street)*	City	State	ZIP Code

Telephone Number	E-mail Address
( )	

OWNER, OFFICER OR PARTNER INFORMATION

I request that the individual named below be:

☐ Added to the license described above. ☐ Removed from the license described above.

Name of Owner, Officer, or Partner	Title

Home Address of Owner, Officer, or Partner *(number and street)*	City	State	ZIP Code

Home Telephone Number	Email Address	Effective Date (*mm/dd/yyyy*)
( )		

DEALER AFFIRMATION

By signing below, I hereby request that the Secretary add or remove the above named owner, officer, or partner of the dealer listed above based on my selection above. I swear or affirm that the information I have entered on this form is true and correct. I understand that making a false statement may constitute the crime of perjury.

Signature of Owner, Officer, or Partner	Date Signed (*mm/dd/yyyy*)
Printed Name of Owner, Officer, or Partner	Title
Signature of Owner, Officer, or Partner	Date Signed (*mm/dd/yyyy*)
Printed Name of Owner, Officer, or Partner	Title
Signature of Owner, Officer, or Partner	Date Signed (*mm/dd/yyyy*)
Printed Name of Owner, Officer, or Partner	Title
Signature of Owner, Officer, or Partner	Date Signed (*mm/dd/yyyy*)
Printed Name of Owner, Officer, or Partner	Title

NOTARIZATION

In witness hereof, I hereunto set my hand and official seal.

Signature of Notary		Date (*mm/dd/yyyy*)
Printed Name of Notary	County of Residence	Commission Expiration Date (*mm/dd/yyyy*)

NOTARY SEAL