



# AFFIDAVIT – CEASING BUSINESS OPERATIONS

State Form 55905 (R / 12-17)

**INDIANA SECRETARY OF STATE  
 AUTO DEALER SERVICES DIVISION**  
 302 West Washington Street, Room E-111  
 Indianapolis, IN 46204  
 Telephone: 317-234-7190  
 Fax: 317-233-1915  
[Dealers@sos.in.gov](mailto:Dealers@sos.in.gov)

STATE OF INDIANA }  
 COUNTY OF \_\_\_\_\_ } SS:

I (we) affirm on this date, \_\_\_\_ / \_\_\_\_ / \_\_\_\_ , that dealership, \_\_\_\_\_  
 with dealer number \_\_\_\_\_ , will cease operations effective \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

We understand that we are required to return our permanent dealer plates to the Indiana Secretary of State Auto Dealer Services  
 Division no later than ten (10) days after the date the dealership ceases operations.

I swear or affirm that the information I have entered on this form is true and correct. I understand that making a false statement on this  
 form may constitute the crime of perjury.

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

In witness hereof, I hereunto set my hand and official seal.		
Signature of notary		Date (mm/dd/yyyy)
Printed or typed name of notary	County of residence	Commission expiration date (mm/dd/yyyy)

Notary Seal