



# ADDING OR REMOVING OWNER, OFFICER OR PARTNER

State Form 55954 (R3 / 12-17)

<b>INDIANA SECRETARY OF STATE</b> <b>AUTO DEALER SERVICES DIVISION</b> 302 West Washington Street, Room E-111 Indianapolis, IN 46204 Telephone: 317-234-7190 Fax: 317-233-1915 <a href="mailto:Dealers@sos.in.gov">Dealers@sos.in.gov</a>
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- 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, including the owner, officer, or partner being removed from the license, must sign this form affirming the request. If an owner, officer, or partner is being added to the license, that person must also 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	
Address of Established Place of Business (number and street)		City	State
Telephone Number ( )		E-mail Address	
ZIP Code			

## 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	Last 4 of SSN	Year of Birth
Address of Owner, Officer, or Partner (number and street)		City	State	ZIP Code
Telephone Number ( )	E-mail Address		Effective Date (mm/dd/yyyy)	

## OWNER, OFFICER OR PARTNER 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 Being Removed or Added		Date Signed (mm/dd/yyyy)
Printed Name of Owner, Officer, or Partner Being Removed or Added		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
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