



APPLICATION FOR MANUFACTURER OR DISTRIBUTOR REPRESENTATIVE

State Form 55955 (R / 2-18)
Approved by State Board of Accounts, 2018

**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

- INSTRUCTIONS:**
1. Complete in blue or black ink or print completed form.
 2. Submit the completed form to the Auto Dealer Services Division by mail, fax, hand delivery, or scan and e-mail using the applicable address found in the top right corner of this form.
 3. A separate form must be completed for each representative.
 4. The Secretary must be notified of any change to the certification of a representative not later than ten (10) days after the change.
 5. A certification of a representative expires each year with the expiration of the manufacturer or distributor license. A new form must be submitted each year.
 6. You must also submit the applicable fee under IC 9-32-11-7(a)(2) by mail or hand-delivery to the address found in the right top corner of this form. A list of fees is available at <http://www.in.gov/sos/dealer/4257.htm>. Checks should be made payable to the Indiana Secretary of State. The fee does not need to be submitted simultaneously with the application, but your application cannot be processed until payment is made.

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			

REPRESENTATIVE INFORMATION

Name of Representative		Title			
Home Address of Representative (number and street)			City		State
ZIP Code					
Home Telephone Number ()		E-mail Address			
Please Select the Application Type <input type="checkbox"/> Initial Application <input type="checkbox"/> Renewal Application					

DEALER AFFIRMATION

By signing below, I hereby request that the Secretary certify the above named individual as a representative of the dealer listed 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