



REQUEST FOR CHANGE OF DEALER NAME

State Form 55964 (R2 / 12-17)

<p>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</p>
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- INSTRUCTIONS:**
1. Complete in blue or black ink or print completed request form.
 2. The request form must be completed by the dealer.
 3. You must submit the following documentation reflecting the new dealer (DBA) name: Retail Merchant Certificate, Certificate of Liability Insurance, Bond, and photographs. A Certificate of Existence and/or Certificate of Assumed Name (if applicable) must be included, if applicable.
 4. The completed request form must be mailed, faxed, or e-mailed to the Indiana Secretary of State Auto Dealer Services Division. Your request cannot be processed until a completed request form and all supporting documents have been submitted. You will receive an invoice for the fee if your request is approved. The fee must be paid before the Division may issue an amended license.

Name of Dealer (DBA)		Dealer Number	
Street Address (number and street)	City	State	ZIP Code
New Dealer Name (DBA)			
Effective Date for New Name <div style="text-align: center;"> ____ / ____ / ____ mm dd yyyy </div>			
I hereby certify, under the penalty of perjury, that I am authorized to make this application and that the answers and information contained in this application are true and correct.			
Signature of Dealer Owner, Officer or Partner		Date Signed (mm/dd/yyyy)	
Printed Name of Dealer Owner, Officer or Partner			