



# REQUEST FOR CHANGE OF ADDRESS

State Form 55965 (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](mailto: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. You must also submit the applicable fee under IC 9-32-11-6(c) 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.
  4. You must include the following with your completed application. This documentation must reflect your new address.
    - a. Retail Merchant Certificate
    - b. Proof of bond
    - c. Proof of liability insurance or membership in a risk retention group under IC 9-32-11-14
    - d. A completed zoning affidavit as required by IC 9-32-11-2

Name of Dealer		Dealer Number			
Street Address (Current Established Place of Business)		City	State	ZIP Code	County
Street Address (Requested New Established Place of Business)		City	State	ZIP Code	County
New Telephone Number (       )	The requested new business location is: <input type="checkbox"/> Leased <input type="checkbox"/> Owned	If Leased, Name of Lessor		Telephone Number of Lessor (       )	
If leased, street address of lessor (number and street)		City	State	ZIP Code	
Effective Date for New Address <div style="text-align: center;"> <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> / <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;"></span> / <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>  <i>mm    dd    yyyy</i> </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 or Authorized Representative				Date Signed (mm/dd/yyyy)	
Printed Name of Dealer Owner or Authorized Representative					