



REQUEST FOR CHANGE OF BUSINESS ENTITY NAME AND/OR TYPE

State Form 56130 (R1 / 03-24)

<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>

- INSTRUCTIONS:**
1. Complete in blue or black ink or print completed request form.
 2. The request form must be completed by the owner or authorized representative of the dealer.
 3. You must submit the following documentation reflecting the new change in entity type, if applicable:
 - Retail Merchant Certificate, if there is a change to your Federal Identification Number or Tax Identification Number
 - Certificate of Existence
 - Certificate of Assumed Name
 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.

Name of Dealer (DBA name)		Dealer Number		County	
Dealer Address (number and street)		City		State	ZIP Code
New (if changing) Business Entity Type:					
<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> LP					
Previous Business Entity Name					
New Business Entity Name					
New FID (if applicable)			New TID (if applicable)		
Effective Date for New Entity Name and/or Type					
____ / ____ / ____ <i>mm dd yyyy</i>					
I hereby certify, under the penalty of perjury, that I am authorized to submit this application and that the answers and information contained in this application are true and correct.					
Signature of Dealer Owner or Authorized Representative				Date (mm/dd/yyyy)	
Printed Name of Dealer Owner or Authorized Representative			Title		