



REQUEST FOR CHANGE OF BUSINESS ENTITY TYPE

State Form 56130 (R / 12-17)

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 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.
 5. If the change in business entity type also involves a change in your business name and/or address, you must also complete the following forms: State Form 55964 (Change of Business Name) and/or State Form 55965 (Change of Address)

Name of Dealer		Dealer Number		County	
Established Place of Business Address (number and street)			City		State
ZIP Code					
New 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					
Doing Business As Name, If Applicable					
New FID, If Applicable			New Tax Identification Number, If Applicable		
Effective Date for New Entity Type: <div style="text-align: center;"> ____ / ____ / ____ <i>mm dd yyyy</i> </div>					
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 Signed (mm/dd/yyyy)	
Printed Name of Dealer Owner or Authorized Representative			Title		