



AMENDMENT TO DEALER LEGAL SERVICE OF PROCESS AGENT

State Form 56131 (R1 / 03-24)

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.

DEALER INFORMATION

Dealer Name	Dealer Number		
Dealer Address (number and street)	City	State	ZIP Code
Telephone Number ()	E-mail Address		

LEGAL SERVICE OF PROCESS INFORMATION – CURRENTLY ON LICENSE

Name			
Title			
Address (number and street)	City	State	ZIP Code
Telephone Number ()	E-mail Address		

LEGAL SERVICE OF PROCESS INFORMATION – REQUESTED CHANGE

Name			
Title	Relationship to Dealer		
Address (number and street)	City	State	ZIP Code
Telephone Number ()	E-mail Address		

DEALER AFFIRMATION

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 applicant	Date (mm/dd/yyyy)
Printed or typed name	Title