



ADDING OR REMOVING A DEALER MANAGER

State Form 57374 (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 form.
 2. By completing this form, you are requesting the Secretary to add or remove a dealer manager from your license. Submit the completed form to the Auto Dealer Services Division by mail, fax, hand delivery, or scan and e-mail.
 3. Indiana Code § 9-32-2-9.7 defines a dealer manager as an individual who works at the established place of business of a dealer and who is responsible for and is in charge of the day-to-day operations, including the management, direction, and control of the dealership.
 4. All owners, officers, or partners currently on the license must sign this form affirming the request. If a dealer manager is being added to the license, that person must also sign this form affirming the request.
 5. If you are adding a dealer manager you must include a copy of the front and back of a government issued identification for that individual.
 6. A separate form must be completed for each addition or removal of a dealer manager.

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

DEALER MANAGER BEING ADDED OR REMOVED			
I request that the individual named below be:			
<input type="checkbox"/> Added to the license described above.		<input type="checkbox"/> Removed from the license described above.	
Name of Dealer Manager		Title	Last 4 of SSN Year of Birth
Address of Dealer Manager (number and street)		City	State ZIP Code
Telephone Number ()	E-mail Address	Effective Date (mm/dd/yyyy)	
Signature of Dealer Manager Being Added			Date (mm/dd/yyyy)
Printed Name of Dealer Manager Being Added		Title	

CURRENT OWNER, OFFICER OR PARTNER AFFIRMATION	
(Attach additional sheets with owner information if necessary)	
By signing below, I hereby request that the Secretary add or remove the above-named dealer manger listed above based on my selection above. I swear or affirm that the information I have entered on this form is true and correct. I understand that making a false statement may constitute the crime of perjury.	
Signature of Owner, Officer, or Partner	Date (mm/dd/yyyy)
Printed Name of Owner, Officer, or Partner	Title
Signature of Owner, Officer, or Partner	Date (mm/dd/yyyy)
Printed Name of Owner, Officer, or Partner	Title
Signature of Owner, Officer, or Partner	Date (mm/dd/yyyy)
Printed Name of Owner, Officer, or Partner	Title
Signature of Owner, Officer, or Partner	Date (mm/dd/yyyy)
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