



ADDING OR REMOVING OWNER, OFFICER OR PARTNER

State Form 55954 (R4 / 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. By completing this form, you are requesting the Secretary to add or remove an owner, officer, or a partner from your license. Submit the completed form to the Auto Dealer Services Division by mail, fax, hand delivery, or scan and e-mail.
 3. All owners, officers, or partners currently on the license, including the owner, officer, or partner being added to or removed from the license, must sign this form affirming the request.
 4. If you are adding an owner, officer, or partner, you must include a copy of the front and back of a government issued identification for that individual. If you are removing an owner, officer, or partner due to their death or incapacity, you must include official documentation.
 5. A separate form must be completed for each addition or removal of an owner, officer, or a partner.

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

OWNER, OFFICER, PARTNER 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 Owner, Officer or Partner		Title	Last 4 of SSN Year of Birth
Address of Owner, Officer or Partner (number and street)		City	State ZIP Code
Telephone Number ()	E-mail Address	Effective Date (mm/dd/yyyy)	
Signature of Owner, Officer or Partner Being Removed or Added			Date (mm/dd/yyyy)
Printed Name of Owner, Officer or Partner, Being Removed or 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 owner, officer, or partner of the dealer 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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