REQUEST FOR CHANGE OF ADDRESS State Form 55965 (R2 / 07-24) Approved by State Board of Accounts, 2018

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:

- Complete electronically, or if printed, use blue or black ink. 1.
- Submit the completed form to the Auto Dealer Services Division by email to <u>dealers@sos.in.gov</u>, mail, or hand delivery. Dealer must include the following with your completed application. This documentation must reflect your new address.
- - a. Registered Retail Merchant Certificate
 - b. Proof of bond
 - c. Proof of liability insurance or membership in a risk retention group under IC 9-32-11-14
 - d. A completed zoning affidavit as required by IC 9-32-11-2

Name of Dealer		Dealer Number		Current TIN		New TIN (if applicable)		
Street Address (Current Established Place of Business)		City		State	ZIP Code		County	
Street Address (New Established Place of Business)		City		State	ZIP Code		County	
New Telephone Number	The requested new busine Leased	Pass location is: If Leased, Name of Owned		L of Lessor	Tele (ephone Number of Lessor	
If leased, street address of lessor (number and street)			City			State		ZIP Code
Effective Date for New Address mm dd yyyy								
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 Dealer Owner or Authorized Representative						Date Signed (mm/dd/yyyy)		
Printed Name of Dealer Owner or Authorized Representative								