



REQUEST FOR CHANGE OF BUSINESS ENTITY NAME AND/OR TYPE

State Form 56130 (R2 / 07-24)

<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 electronically, or if printed, use blue or black ink.
 2. The request form must be completed by the owner or authorized representative of the dealer.
 3. You must submit the following documentation if the dealer has a new business entity type:
 - Retail Merchant Certificate, if there is a change to the dealer's Tax Identification Number (TIN)
 - The TIN is either the dealer's Social Security number (if an individual) or Employer Identification Number (if a business entity).
 - Certificate of Existence
 - Certificate of Assumed Name
 4. The completed request form must be mailed, faxed, or e-mailed to dealers@sos.in.gov. Your request cannot be processed until a completed request form and all supporting documents have been submitted.

Name of Dealer (DBA name)		Dealer Number		Previous TIN	
Dealer Address (number and street)		City		State	ZIP Code
Previous Business Entity Name					
New Business Entity Name					
New business entity type (if applicable):					
<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP					
New TIN			Effective date for new entity name and/or type:		
			____ / ____ / ____ <i>mm dd yyyy</i>		
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 (mm/dd/yyyy)	
Printed Name of Dealer Owner or Authorized Representative			Title		