



REQUEST FOR CHANGE OF DEALER DBA NAME

State Form 55964 (R4 / 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.
 3. Dealer must submit the following documentation reflecting the new dealer doing business as (DBA) name:
 - a. Retail Merchant Certificate
 - b. Certificate of liability insurance
 - c. Bond
 - d. Photographs of new signage
 - e. A Certificate of Existence and/or Certificate of Assumed Name, if applicable.
 4. Submit the completed form to the Auto Dealer Services Division by e-mail to dealers@sos.in.gov. This request cannot be processed until a completed request form and all supporting documents have been submitted.

Current Dealer DBA Name		Dealer Number		Current TIN	
Street Address (number and street)			City		State
			ZIP Code		
New Dealer DBA Name				New TIN (if applicable)	
Effective Date for New Name					
____ / ____ / ____ <i>mm dd yyyy</i>					
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, Officer or Partner				Date (mm/dd/yyyy)	
Printed Name of Dealer Owner, Officer or Partner					