



AMENDMENT TO OWNER, OFFICER OR PARTNER NAME OR CONTACT INFORMATION

State Form 56132 (R2 / 12-17)

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. Submit the completed form to the Auto Dealer Services Division by mail, fax, hand delivery, or scan and e-mail.
 3. If changing your name, include with the completed form supporting documentation (e.g. court order, marriage certificate) for your name change.
 4. For the Requested Change portion of the form, complete only the fields applicable to your request.
 3. A separate form must be completed for each owner, officer, or partner who requires a change.

DEALER INFORMATION

Name of Dealer		Dealer Number	
Address of Established Place of Business (number and street)		City	State ZIP Code
Telephone Number ()	E-mail Address		

OWNER, OFFICER OR PARTNER INFORMATION – CURRENTLY ON LICENSE

Name		Year of Birth	Last 4 digits of SSN
Title			
Home Address (number and street)		City	State ZIP Code
Home Telephone Number ()	E-mail Address		

OWNER, OFFICER OR PARTNER INFORMATION – REQUESTED CHANGE

New Name to Appear on License			
Title			
Home Address (number and street)		City	State ZIP Code
Home Telephone Number ()	E-mail Address		

DEALER AFFIRMATION

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 applicant		Date (mm/dd/yyyy)
Printed or typed name	Title	