



REQUEST FOR CHANGE OF ADDRESS

State Form 55965 (12-15)
Approved by State Board of Accounts, 2015

**INDIANA SECRETARY OF STATE
AUTO DEALER SERVICES DIVISION**
302 West Washington Street, Room E-018
Indianapolis, IN 46204
Dealers@sos.in.gov
Fax: (317) 233-1915

- INSTRUCTIONS:**
1. Complete in blue or black ink or print completed request form.
 2. The request form must be completed by the owner or authorized representative of the dealer.
 3. You must submit the following documentation reflecting the new address: Zoning Affidavit, Retail Merchant Certificate, Certificate of Liability Insurance, Bond, and Photographs of the building, lot, and sign.
 4. The completed request form must be mailed, faxed, or emailed to the Indiana Secretary of State Auto Dealer Services Division. Your request cannot be processed until a completed request form and all supporting documents have been submitted. You will receive an invoice for the fee if your request is approved. The fee must be paid before the Division may issue an amended license.

Name of Dealer		Dealer Number			
Street Address (Current Established Place of Business)		City	State	ZIP Code	County
Street Address (Requested New Established Place of Business)		City	State	ZIP Code	County
New Telephone Number ()	The requested new business location is: <input type="checkbox"/> Leased <input type="checkbox"/> Owned	If Leased, Name of Lessor		Telephone Number of Lessor ()	
If leased, street address of lessor		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					