APPLICATION FOR MANUFACTURER OR DISTRIBUTOR REPRESENTATIVE

State Form 55955 (12-15)

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 form 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. The applicable fee must also be submitted.*
3. *A separate form must be completed for each representative.*
4. *The Secretary must be notified of any change to the certification of a representative not later than ten (10) days after the change.*
5. *A certification of a representative expires each year with the expiration of the manufacturer or distributor license. A new form must be submitted each year.*

DEALER INFORMATION

Name of Dealer	Dealer Number	County

Address of Established Place of Business *(number and street)*	City	State	ZIP Code

Telephone Number ( )	E-mail Address

REPRESENTATIVE INFORMATION

Name of Representative	Title

Home Address of Representative *(number and street)*	City	State	ZIP Code

Home Telephone Number ( )	E-mail Address

Please Select the Application Type

☐ Initial Application ☐ Renewal Application

DEALER AFFIRMATION

By signing below, I hereby request that the Secretary certify the above named individual as a representative of the dealer listed above. I swear or affirm that the information I have entered on this form is true and correct. I understand that making a false statement may constitute the crime of perjury.

Signature of Owner, Officer, or Partner	Date Signed (*mm/dd/yyyy*)

Printed Name of Owner, Officer, or Partner	Title