AMENDMENT TO MANUFACTURER OR DISTRIBUTOR REPRESENTATIVE

State Form 55921 (10-15)

INDIANA SECRETARY OF STATE
AUTO DEALER SERVICES DIVISION
302 West Washington Street, Room E018
Indianapolis, IN 46204
E-mail: Dealers@sos.in.gov
Fax: (317) 233-1915

INSTRUCTIONS:
1. *Complete in blue or black ink or print completed form.*
2. *By completing this form, you are requesting the Secretary to remove or amend the certification of the listed representative. Submit the completed form to the Auto Dealer Services Division by mail, fax, hand delivery, or scan and e-mail.*
3. *If you wish to amend information related to a certified representative, you must select the appropriate box on the form and provide the new information in the appropriate fields.*
4. *A separate form must be completed for each change to a certified representative.*
5. *The Secretary must be notified of any change to the certification of a representative not later than ten (10) days after the 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		

REPRESENTATIVE INFORMATION

I request that the certification of the representative named below:

☐ Be removed. ☐ Be amended and I have provided the updated information below.

Name of representative	Title		
Address of representative *(number and street)*	City	State	ZIP code
Telephone number ( )	E-mail address	Effective date (*mm/dd/yyyy*)	

DEALER AFFIRMATION

By signing below, I hereby request that the Secretary remove or amend the certification for the above named representative of the dealer listed above based on my selection 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