



WHOLESALE TRANSITION PERIOD UPDATE

State Form 55659 (R / 11-15)

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| 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 |
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- INSTRUCTIONS:**
1. Complete in blue or black ink.
 2. Submit the completed form to the Auto Dealer Services Division by mail, fax, hand delivery, or scan and email.
 3. Pictures of your current established place of business, including the sales and storage lot, exterior lighting fixtures, the office building, and all signage, must be submitted with the completed form.
 4. Transition Period updates must be submitted every 120 days during the transition period. Transition Period Updates are due on October 29, 2015, February 26, 2016, and June 27, 2016. All dealers operating with a transition period used dealer license must be in full compliance with all used dealer requirements by July 1, 2016.

DEALER INFORMATION

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

ESTABLISHED PLACE OF BUSINESS

1. Does your current established place of business meet the requirements for a used dealer found in IC 9-32 and 75 IAC 6-2 including having space of at least 1300 square feet and distinguishable parking lot space marked for the display of a minimum of ten (10) vehicles?

Yes No

2. If your current established place of business does not meet the requirements for a used dealer found in IC 9-32 and 75 IAC 6-2, please identify the ways in which your current established place of business is deficient and describe with specificity your plan for providing a compliant established place of business by July 1, 2016. Attach additional pages and supporting documentation if needed:

3. Please identify and describe with specificity the steps taken toward full compliance with the used dealer requirements in IC 9-32 and 75 IAC 6 since you last submitted a Wholesale Transition Period Update:

DEALER AFFIRMATION

I hereby certify, under the penalty of perjury, that I am authorized to complete and submit this update and that the answers and information contained in this application are true and correct.

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| Signature of Owner, Officer, or Partner | Printed Name of Owner, Officer, or Partner | Date Signed (mm/dd/yyyy) |
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