



# NOTIFICATION OF CLOSING OF REAL ESTATE BROKER COMPANY

State Form 54973 (R5 / 4-25)

**INDIANA REAL ESTATE COMMISSION  
PROFESSIONAL LICENSING AGENCY**  
402 West Washington Street, Room W072  
Indianapolis, IN 46204-2724  
Telephone: (317) 232-2960  
Fax: (317) 555-9876  
E-mail: [pla5@pla.in.gov](mailto:pla5@pla.in.gov)  
[www.IN.gov/pla](http://www.IN.gov/pla)

- INSTRUCTIONS:**
1. Transfer all brokers associated with the company to another broker or company, or to "Unassigned" status, by completing a Reassignment Form (SF 47478) for each licensee. **This step must be completed prior to submission of this form.**
  2. Complete this form and mail to: **Indiana Professional Licensing Agency**  
402 W. Washington St., Rm. W072  
Indianapolis, IN 46204  
E-mail: [pla5@pla.in.gov](mailto:pla5@pla.in.gov)

COMPANY INFORMATION		
License number	Name of company	Name of contact person
Address (number and street, city, state, and ZIP code)		E-mail address of contact person

LICENSE NUMBER	NAME OF MANAGING BROKER	RESIDENTIAL ADDRESS

LICENSE NUMBER	NAME OF BROKER	REASSIGNMENT STATUS (completed using Reassignment Form)
		<input type="checkbox"/> Reassigned to another broker or company <input type="checkbox"/> Reassigned to "Unassigned" status
		<input type="checkbox"/> Reassigned to another broker or company <input type="checkbox"/> Reassigned to "Unassigned" status
		<input type="checkbox"/> Reassigned to another broker or company <input type="checkbox"/> Reassigned to "Unassigned" status
		<input type="checkbox"/> Reassigned to another broker or company <input type="checkbox"/> Reassigned to "Unassigned" status
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		<input type="checkbox"/> Reassigned to another broker or company <input type="checkbox"/> Reassigned to "Unassigned" status
		<input type="checkbox"/> Reassigned to another broker or company <input type="checkbox"/> Reassigned to "Unassigned" status
		<input type="checkbox"/> Reassigned to another broker or company <input type="checkbox"/> Reassigned to "Unassigned" status

For additional associates, please attach copy.

I certify by my signature below that, as the broker in charge of this company, I have completed all requirements relating to any escrow accounts associated with the company.			
Signature of managing broker	Printed name of managing broker	Date (month, day, year)	Telephone number ( )