NOTIFICATION OF CLOSING OF REAL ESTATE BROKER COMPANY

State Form 54973 (R2 / 11-14)

INDIANA REAL ESTATE COMMISSION
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204-2724
Telephone: (317) 234-3009
E-mail: pla9@pla.in.gov
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: pla9@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)*
		☐ Reassigned to another broker or company ☐ Reassigned to "Unassigned" status
		☐ Reassigned to another broker or company ☐ Reassigned to "Unassigned" status
		☐ Reassigned to another broker or company ☐ Reassigned to "Unassigned" status
		☐ Reassigned to another broker or company ☐ Reassigned to "Unassigned" status
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		☐ Reassigned to another broker or company ☐ Reassigned to "Unassigned" status
		☐ Reassigned to another broker or company ☐ 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
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