



APPLICATION FOR REINSTATEMENT OF REAL ESTATE LICENSE

State Form 55132 (R4 / 7-21)

Approved by State Board of Accounts, 2017

**INDIANA REAL ESTATE COMMISSION
PROFESSIONAL LICENSING AGENCY**
 402 West Washington Street, Room W072
 Indianapolis, IN 46204
 Telephone: (317) 234-3022
 E-mail: pla10@pla.in.gov
 www.pla.in.gov

- INSTRUCTIONS:**
1. Please refer to the instructions on our website, www.pla.in.gov for licensing requirements and http://www.in.gov/pla/files/RE_Updated_Fee_Schedule.pdf for the fees in accordance with IC 25-1-8-6 and 876 IAC 5-3-1.
 2. Completed application and fees should be mailed to the address listed in the upper right hand corner of this form.
 3. Please make payment payable to the Indiana Professional Licensing Agency.
 4. All fees are non-refundable and non-transferable.
 5. Attach any documentation requested by the Professional Licensing Agency.

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.
 ** This information is being requested for workforce statistical purposes only; disclosure is voluntary.

FOR OFFICE USE ONLY

Application fee	Date fee paid (month, day, year)	Receipt number
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DO NOT WRITE ABOVE THIS LINE

APPLICANT INFORMATION

Name of applicant (last, first, middle)		Social Security number *
Date of birth (month, day, year)	Place of birth (city and state or country)	
Address of applicant (number and street or rural route)		City, state, and ZIP code
Telephone number (daytime) ()	E-mail address	
Gender ** <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity **	Race **
Pursuant to IC 12-32-1-5 and IC 12-32-1-6, I swear under the penalty of perjury that: (Please select one of the following.) <input type="checkbox"/> I am a United States Citizen. <input type="checkbox"/> I am a qualified alien (as defined under 8 U.S.C. § 1641).		
Are you the spouse of a member of the military who is assigned to a duty station in Indiana? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you an active duty member of the military? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No	

LICENSE STATUS INFORMATION

You must select only one option below for your license status. If this information is not completed, your application will not be processed.

Active * Inactive Referral *

* This selection requires the completion of the Broker / Company Information section below.

BROKER / COMPANY INFORMATION

Please provide the information for the broker or company that you wish to associate with upon reinstatement, if required by your selection above.

Name (Broker or broker company)	License number
Address (number and street, city, state, and ZIP code)	
Work telephone number (include area code) ()	E-mail address
Signature of broker	

REINSTATEMENT QUESTIONS

If your answer is "Yes" to any of the following, explain fully in a sworn affidavit, including all related details, and provide copies of all relevant arrest or court documents. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application.

1. Since you last renewed your license has any professional license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending? Yes No
2. Since you last renewed your license have you been denied a license, certificate, registration, or permit in any state? Yes No
3. Since you last renewed your license have you been convicted of, pled guilty or nolo contendere to any offense, misdemeanor or felony in any state, or by the Federal courts, or any agency of government, or any charges currently pending against you? (Except for minor violations of traffic laws resulting in fines) Yes No

APPLICANT AFFIRMATION

I hereby swear or affirm, under the penalties of perjury, that the statements made in this application are true, complete, and correct.

Signature	Date (month, day, year)
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