



APPLICATION FOR DESIGNATION AS A MANAGING BROKER

State Form 55611 (R4 / 7-21)

**INDIANA REAL ESTATE COMMISSION
PROFESSIONAL LICENSING AGENCY**
 402 West Washington Street, Room W072
 Indianapolis, Indiana 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 the licensing requirements.

* Your Social Security number is being requested by this state agency 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.

LICENSE NUMBER	
DATE DESIGNATION APPROVED (month, day, year)	

DO NOT WRITE ABOVE THIS LINE

APPLICANT INFORMATION

Name of applicant (<i>last, first, middle, maiden</i>)		Social Security number *	
Date of birth (<i>month, day, year</i>)	Place of birth (<i>city and state or country</i>)		
Address of applicant (<i>number and street or rural route</i>)		City, state, and ZIP code	
Telephone number (<i>daytime</i>) ()	E-mail address (<i>required</i>)		
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: (<i>Please select one of the following.</i>) <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? (<i>Optional</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No			

STATUS INFORMATION

After my designation is approved, I will:

Remain with my current broker as an associate.

Hold my own license as a sole proprietor.

Hold my own license as the broker primarily responsible to the commission of a licensed broker company.
(Please complete broker company section below.)

BROKER COMPANY INFORMATION

Name of Real Estate Broker Company			License number of Company	
Address (<i>number and street or rural route</i>)				
City	State	ZIP code	Business telephone number (<i>include area code</i>) ()	
Signature of broker accepting responsibility			Date signed (<i>month, day, year</i>)	

MANAGING BROKER COURSE INFORMATION

APPLICANTS MUST ATTACH AN ORIGINAL COPY OF THEIR CERTIFICATE OF COURSE COMPLETION.

Name of Course Provider		Registration number of Indiana Course Provider		
Location (<i>city and state</i>)	Date of course completion (<i>month, day, year</i>)	Number of course hours completed		

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.

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|---|--|
| 1. <i>Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court,</i>
(1) have you ever been arrested; | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state; | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (3) have you ever been convicted of any offense, misdemeanor, or felony in any state; | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (5) have you ever pled <i>nolo contendere</i> to any offense, misdemeanor, or felony in any state? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you ever been denied license, certification, registration, or permit to practice real estate or any other profession in this or any other state? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. Has any complaint been filed against you in the State of Indiana, or in any other state, regarding any professional license you currently hold or have previously held or have you practiced real estate or appraising as defined by IC 24-34.1 without a license? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4. Has disciplinary action ever been taken regarding any professional license, certificate, registration or permit that you currently hold or have previously held? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |

APPLICATION AFFIRMATION

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

Signature of applicant

Date signed (*month, day, year*)

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization, or institution to release to the Indiana Professional Licensing Agency and the Indiana Real Estate Commission, any files, documents, records, or other information pertaining to the undersigned requested by the Agency, or the Commission, or any of their authorized representatives, in connection with the processing of my application for licensure.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions from any liability with regard to such inspection or furnishing of any such information.

I further authorize the Indiana Professional Licensing Agency and the Indiana Real Estate Commission, to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations and institutions any information, which is material to my application, and I hereby specifically release the Agency, and the Commission from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I hereby swear and affirm that I have read the above statements and agree to the same.

Signature of applicant

Date signed (*month, day, year*)