



# SUPPLEMENTAL FORM FOR INITIAL LICENSURE AS A REAL ESTATE BROKER

State Form 53053 (R / 4-23)

**INDIANA REAL ESTATE COMMISSION  
PROFESSIONAL LICENSING AGENCY**  
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## FORM A – MANAGING BROKER INFORMATION

The applicant is to complete **SECTION A** and then forward this form to their managing broker for completion of **SECTION B** including their signature. The completed form must be returned to the Professional Licensing Agency for processing.

### SECTION A APPLICANT INFORMATION

Name of applicant ( <i>last, first, middle, maiden or previous</i> )	Date of birth ( <i>month, day, year</i> )
E-mail address	

### SECTION B MANAGING BROKER INFORMATION

Name of Managing Broker ( <i>last, first, middle, maiden or previous</i> )	License number of Managing Broker
Name of Real Estate Broker Company	License number of Company
Address of current business ( <i>number and street or rural route</i> )	
City	State
ZIP code	Business Telephone Number ( <i>include area code</i> ) (       )
Signature of Managing Broker	Date signed ( <i>month, day, year</i> )