



SUPPLEMENTAL FORM FOR INITIAL LICENSURE AS A REAL ESTATE BROKER

State Form 53053 (4-22)

**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

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>)