



REQUEST FOR WAIVER FROM ELECTRONICALLY FILING

State Form 57351 (R2 / 5-25)

INDIANA PROFESSIONAL LICENSING AGENCY

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402 West Washington Street, Room W072

Indianapolis, IN 46204

Telephone: (317) 232-2960

www.pla.in.gov

INSTRUCTIONS: Beginning January 1, 2024, all applications for a new license or certificate or renewal of a license or certificate must be submitted electronically, unless an individual requests a paper copy of the application for a new license or certificate or renewal of a license or certificate from the agency.

Each applicant must use their own unique email address.

PLEASE MAIL THE COMPLETED FORM BACK TO US AT THE ADDRESS PROVIDED IN THE TOP RIGHT CORNER OF THIS DOCUMENT.

CONTACT INFORMATION

Full Name

Street Address

City

State

ZIP Code

Phone Number

Email Address

APPLICATION OR FORM REQUESTED

IMPORTANT: In the space provided below, please provide a detailed explanation of the application or form that you are requesting.

REASON FOR REQUEST

IMPORTANT: In the space provided below, please provide a detailed explanation of why you are requesting this form. (IE: I have a disability, I have limited English proficiency, Other)

IMPORTANT: Please see and complete Page 2 of this form.

CERTIFICATION	
IMPORTANT: In signing this form, I attest that the information provided is true and accurate. I further attest that I am a person of sufficient authority regarding the named applicant to file this document.	
I swear or affirm under the penalties of perjury that the foregoing representations are true.	
Signature	Date signed (<i>month, day, year</i>)
Printed name	