

## APPLICATION FOR A REAL ESTATE LICENSE AS A REAL ESTATE BROKER COMPANY

State Form 932 (R12 / 4-23) Approved by State Board of Accounts, 2018 INDIANA REAL ESTATE COMMISSION PROFESSIONAL LICENSING AGENCY

402 West Washington Street, Room W072 Indianapolis, IN 46204 Telephone: (317) 232-2960 E-mail: pla5@pla.in.gov www.pla.in.gov

## INSTRUCTIONS:

- 1. The fee for this application is \$50.00, payable to the Indiana Professional Licensing Agency, in accordance with 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. All fees are non-refundable and non-transferable.
- 4. Please refer to the instructions on our website, www.pla.in.gov, for the licensing requirements.
- 5. For branch office registration, please use State Form 49384, Indiana Real Estate Commission Branch Office Registration.
- 6. Attach a copy of the Certificate of Organization from the Indiana Secretary of State.

7. If you ha	ave a Doing Business As (DBA) name, atta			ness Name from the Indiana Se	cretary of S	tate.
	<u> </u>		FFICE USE ONLY	<u>.</u>		
Application fee	Date fee paid (month, day, year)  Receipt number		r	License number		Date license issued (month, day, year)
		DO NOT WE	RITE ABOVE THIS LINE			
		DO NOT WE	TIE ABOVE THIS LINE			
		COMPA	NY INFORMATION			
Name of company Name of contact person				E-mail add		dress of contact person
Address (number and street, city, state, and ZIP code)					Telephone	e number of contact person
		DOING BUSINES	SS AS (DBA) INFORMAT	ION		
Doing Business As (DBA) name  Name of contact person				ion	E-mail add	dress of contact person
Tallie of contact potential						
Address (number and street, city, state, and ZIP code)					Telephone	e number of contact person
Address (Humber and Street, City, State, and ZIF Code)					(	)
LIGENICE NUMBER	NAME OF OFFICER / CM/N			DECIDENTIAL ADDRESS	\	
LICENSE NUMBER	NAME OF OFFICER / OWNE	:K	TITLE	RESIDENTIAL ADDRESS	(number a	and street, city, state, and ZIP code)
LICENSE NUMBER	NAME OF MANAGING BROKER			RESIDENTIAL ADDRESS	(number a	and street, city, state, and ZIP code)
LICENCE NUMBER	NAME OF BROKERS AFF	ILIATED WITH CON	MPANY	RESIDENTIAL ADDRESS	(number a	and street, city, state, and ZIP code)
Signature of Managing Broker					Date (mor	nth, day, year)
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