Reset Form

VERIFICATION OF STATE LICENSURE

State Form 7143 (R5 / 4-15)

PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 232-2960
Fax: (317) 233-4236
www.pla.IN.gov

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.

INSTRUCTIONS: Type and complete the top section. Make copies to send to each state that you hold or have held a license. Have the state(s) send this directly to our office.

Name (*last, first, middle, maiden*)	Date of birth (*month, day, year*)	Social Security number *
Address (*number and street or rural route*)		
City	State	ZIP code
E-mail address		
Type of license held	License number	Date of issuance (*month, day, year*)
I hereby authorize the State of _____ to furnish the Professional Licensing Agency with the information below.		
Signature of applicant		Date signed (*month, day, year*)

DO NOT WRITE BELOW THIS LINE

License number	Date of issuance *(month, day, year)*	Date of expiration *(month, day, year)*
Licensed by: ☐ Exam ☐ Endorsement ☐ Other	Type of examination	Date of administration *(month, day, year)*
Attach subjects, scores, date of examination, and average.		
License is current and in good standing? ☐ Yes ☐ No	License is or has been invalid? ☐ Yes ☐ No	Any derogatory information? ☐ Yes ☐ No
If license has been encumbered in any way, please provide certified copies of all related documents.		

FORM COMPLETED BY

Signature		Date (*month, day, year*)
Printed name	Title	
State Board	Telephone number ( )	E-mail address

Please affix board seal below.