

# Application for Approval of Real Estate Broker Course

*NOTE: Prior to completing this application, thoroughly review Rules 876 IAC 6 and 876 IAC 7.*

*INSTRUCTIONS: Please submit your \$50.00 application fee.  
All fees are non-refundable and non-transferable.*

Name of school	
Street address ( <i>number and street</i> )	City, state, and ZIP code
Name of Director	Business telephone number (       )
E-mail address	

<b>FOR OFFICE USE ONLY</b>	
Date of application ( <i>month, day, year</i> )	Application fee
Date fee paid ( <i>month, day, year</i> )	Receipt number



# APPLICATION FOR APPROVAL OF REAL ESTATE BROKER COURSE

State Form 36071 (R5 / 4-16)

Approved by State Board of Accounts, 2016

This state agency is requesting disclosure of personal information that is necessary to accomplish the statutory purpose of this state agency under IC 24-34-1-12. Disclosure of this information is voluntary. Failure to provide any information may prevent this form from being processed. Upon completion, this form will be treated as a public record.

RETURN TO: Indiana Real Estate Commission  
402 West Washington Street, Room W072  
Indianapolis, IN 46204  
E-mail: pla9@pla.in.gov

Date of application (month, day, year)

### NAME AND ADDRESS OF SCHOOL

Name of school	Telephone number (      )
Street address (number and street)	City, state, and ZIP code

### NAME AND ADDRESSES OF DIRECTORS AND OFFICERS

*If incorporated, list names and residence addresses of all directors and officers.*

Name	Title
Street address (residence - number and street)	City, state, and ZIP code
Name	Title
Street address (residence - number and street)	City, state, and ZIP code
Name	Title
Street address (residence - number and street)	City, state, and ZIP code
Name	Title
Street address (residence - number and street)	City, state, and ZIP code

- Attach: 1. a copy of the Certificate of Incorporation;  
2. a Certificate of good standing of the corporation issued by the Secretary of the State of Indiana.

### PROOF OF SURETY BOND

Submit proof of Surety Bonding in the amount of \$10,000. SUBMIT BOND REPORTING FORM.  
Submit copy of Accreditation Certificate.

### NAME AND ADDRESS OF COURSE DIRECTOR

Name	Telephone number (      )
Street address (residence - number and street)	City, state, and ZIP code

- Attach: 1. Detailed resume. Review 876 IAC 6-2-1 School Director Qualifications.

### NAME AND ADDRESS OF PRINCIPAL INSTRUCTOR

Name	Telephone number (      )
Street address (residence - number and street)	City, state, and ZIP code

- Attach: 1. Detailed resume.  
2. Instructor Approval Application for each instructor.

### NAME AND ADDRESS OF ADDITIONAL INSTRUCTORS

*If additional space is needed for other instructors, list on a separate sheet and attach to this form.*

Name	Telephone number (      )
Street address (residence - number and street)	City, state, and ZIP code
Name	Telephone number (      )
Street address (residence - number and street)	City, state, and ZIP code

- Attach: 1. Detailed resume for each additional instructor.

**MINIMUM QUALIFICATIONS**

1. List your minimum qualifications required for instructors (training, experience, certification, etc.)
2. Review 876 IAC 6-3-1 Instructor Qualifications. (Attach evidence of compliance)

**FACILITIES**

Submit site approval form for each location.

Classrooms are owned by applying school.

Yes  No If answer is No, give name and address of owner.

Name of owner	Telephone number (       )
Street address (number and street)	City, state, and ZIP code

Physical facilities comply with all City, County and State fire, safety and sanitation codes and requirements.

Yes  No If answer is No, give full particulars.

CLASSROOM DIMENSIONS	ROOM 1	ROOM 2	ROOM 3	ROOM 4	ROOM 5
Length					
Width					
Height					

**GRADING POLICIES**

- Attach:
1. Proposed school grading policy and rules of operation;
  2. Sample of proposed certificate to be issued to passing students.

**LENGTH OF COURSE**

Total length of course in clock hours	Clock hours per calendar week
Clock hours per daily session	Total amount of weeks the course will last
<p>Attach:</p> <ol style="list-style-type: none"> <li>1. Complete teaching syllabus;</li> <li>2. Keyed copies of all written examinations.</li> </ol>	<b>TEACHING SYLLABUS PROVIDED BY THE COMMISSION MUST BE USED IN EACH APPROVED COURSE.</b>

**COST OF COURSE**

Cost of the course to the student \$ _____	Fee must include the cost of textbooks, supplemental texts and required materials.
<p>Attach: 1. Detailed proposed refund policy and schedule of fees to the student.</p>	

**TEXT BOOKS**

Title of primary textbook	Author	Publisher
Title of primary textbook	Author	Publisher
Title of primary textbook	Author	Publisher
Title of primary textbook	Author	Publisher

**OTHER SOURCES OF INSTRUCTION MATERIAL**

List other sources of instruction material (video tapes, cassette tapes, etc.)

