



APPLICATION FOR AGENT'S PERMIT

State Form 39286 (R6 / 8-17)
 Approved by State Board of Accounts, 2017
 OFFICE FOR CAREER AND TECHNICAL SCHOOLS
 Telephone: (317) 234-8338
 Website: www.in.gov/dwd/2731.htm

FOR OFFICE USE ONLY

Fee paid \$	Check receipt number
Card number	
Approval date (month, day, year) From: _____ To: _____	

- INSTRUCTIONS:**
- This form must be completed for each new agent representing an institution. If all of the information which is required on this form is not provided, the form will be returned to the institution.
 - In accordance with IC 22-4.1-21-29(c), submit completed State Forms 39286 and [39287](#), and include the agent application fee found on the Fee Schedule at http://www.in.gov/dwd/files/OCTS_Policy_and_Procedures.pdf. Make checks payable to the State of Indiana. Send to: Office for Career and Technical Schools, 10 N Senate Avenue, Room SE 308, Indianapolis, IN 46204.

1. Name and location of institution(s) to be represented on permit			
2. Name of applicant			
Address of applicant (number and street)			
City	State	ZIP code	Telephone number ()
3. Have you ever been employed as an agent for any public or private institution? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(a) If you answered yes, please list all former institutions. State period of time employed with each institution listed.			
4. Have you ever been denied a license to represent an institution in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(a) If you answered yes, state reason(s).			
5. REFERENCES: List three (3) character references not related to you. (Include their names, addresses, and telephone numbers.)			
6. Date of birth (month, day, year)	Place of birth	U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of naturalization (month, day, year)
7. Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(a) If you answered yes, give details in full.			
8. Have you ever been convicted of a crime involving moral turpitude? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(a) If you answered yes, give details in full.			
AFFIDAVIT			
I hereby swear or affirm that the above statements are true.			
Signature of applicant			Date (month, day, year)
STATE OF _____ } SS: COUNTY OF _____			
Subscribed and sworn to before me this _____ day of _____, _____.			
Signature of notary		Printed name of notary	
Date commission expires (month, day, year)		County of residence	