



# APPLICATION FOR AGENT'S RENEWAL PERMIT

State Form 41429 (R7 / 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](http://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 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(d), submit this completed form and include the agent renewal fee found on the Fee Schedule at [http://www.in.gov/dwd/files/OCTS\\_Policy\\_and\\_Procedures.pdf](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. Please list other institutions you have represented in the past year.			
4. Have you been denied a license to represent an institution in any state within the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(a) If you answered yes, state reason(s).			
5. Have you been convicted of a felony within the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(a) If you answered yes, give details in full.			
8. Have you been convicted of a crime involving moral turpitude within the last year? <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)
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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