



APPLICATION FOR REAL ESTATE PRE-LICENSING INSTRUCTOR PERMIT

State Form 43492 (R7 / 9-17)

Approved by State Board of Accounts, 2017

PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-3009
Fax: (317) 233-4236
E-mail: pla9@pla.IN.gov

- INSTRUCTIONS:**
1. The fee for this application is \$10.00, 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.

* Your Social Security number is being requested by this state agency in accordance with IC 4-1-8-1. Disclosure is mandatory and this record cannot be processed without it.

FOR OFFICE USE ONLY		
Application fee	Date fee paid (month, day, year)	Receipt number
Permit number issued	Date of issuance (month, day, year)	

DO NOT WRITE ABOVE THIS LINE

APPLICANT INFORMATION		
Name of applicant (last, first, middle, maiden)		Social Security number *
Address (number and street or rural route, city, state, and ZIP code)		
Date of birth (month, day, year)	Telephone number ()	E-mail address
Pursuant to IC 12-32-1-5 and IC 12-32-1-6, I swear under the penalty of perjury that: (Please select one of the following.) <input type="checkbox"/> I am a United States Citizen. <input type="checkbox"/> I am a qualified alien (as defined under 8 U.S.C. § 1641).		
Are you the spouse of a member of the military who is assigned to a duty station in Indiana? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you an active duty member of the military? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of school		
Address of school (number and street, city, state, and ZIP code)		
Telephone number of school ()	Telephone number of residence ()	

QUALIFICATIONS

Section A

If you answer "No" to all three (3), you **DO NOT** qualify for an Instructor Permit.

1. Are you a licensed real estate broker in Indiana? Yes No
2. Are you a licensed attorney in Indiana? Yes No
3. If you answered "No" to 1 and 2, are you an expert in the field working in conjunction with a licensed attorney or real estate broker in Indiana? If "Yes", provide the name and license number of the broker or attorney below. Yes No

Name of broker / attorney	License number
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Section B

Please attach copy of instructor assessment program examination.

876 IAC 6-3-2 Instructors; examination
Authority: IC 25-34.1-2-5; IC 25-34.1-5-13

Sec. 2. In addition to the requirements of IC 25-34.1-5-13, an individual shall have passed an instructor assessment program examination as specified by the Commission with a score of seventy-five percent (75%) or higher in order to qualify for an instructor permit.

QUESTIONS

If your answer is "Yes" to any of the following, explain fully in a sworn affidavit, including all related details, and provide copies of all relevant arrest or court documents. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for discipline of the license or permit issued pursuant to this application.

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|---|--|
| 1. Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court, | |
| (1) have you ever been arrested; | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state; | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (3) have you ever been convicted of any offense, misdemeanor, or felony in any state; | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (5) have you ever pled nolo contendere to any offense, misdemeanor, or felony in any state? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

- | | |
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| 2. Have you ever been denied a license, certification, registration, or permit to practice real estate or any other profession in this or any other state? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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APPLICANT AFFIRMATION

I hereby swear or affirm, under the penalties of perjury, that the statements made in this application are true, complete and correct.

Signature of applicant

Date (month, day, year)

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Indiana Professional Licensing Agency or the Indiana Real Estate Commission any files, documents, records or other information pertaining to the undersigned requested by the Agency, or the Commission, or any of its authorized representatives in connection with processing my application for licensure.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any such information.

I further authorize the Indiana Professional Licensing Agency or the Indiana Real Estate Commission to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations and institutions any information which is material to my application, and I hereby specifically release the Agency and the Commission from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I hereby swear or affirm that I have read the above statements and agree to same.

Signature of applicant

Date (month, day, year)