

PROFESSIONAL LICENSING AGENCY

402 West Washington Street, Room W072 Indianapolis, Indiana 46204 Telephone: (317) 232-2960 Fax: (317) 233-4236 E-mail: pla5@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.

	EOR OFFIC	E LISE ONLY					
Application fee	FOR OFFICE USE ONLY  Date fee paid (month, day, year)			Receipt number			
***************************************		,					
Permit number issued		Date of issuance	(month, day	ı, year)			
DO NOT WRITE ABOVE THIS LINE							
	BASIS FOR	LICENSURE					
Applying for permit by: (Check appropriate box.)	☐ Pre-Licensing ☐ Continuing Education						
		Continuii	ig Educati	011			
APPLICANT INFORMATION							
Name of applicant (last, first, middle, maiden)	AFFLICANT	INFORMATION		Social Security number *			
11 (1.19) 1.19				,			
Address (number and street or rural route, city, state, and ZIP code)							
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 ONLY ONE of the following.)							
I am a United States Citizen. I am a qualified alien (as defined under 8 USC § 1641). I am authorized by the Federal government to work in the United States.  Are you the spouse of a member of the military who is assigned to a duty station in Indiana? (Optional)  Are you an active duty member of the military? (Optional)							
Are you trie spouse of a member of the military who is assigned		Yes No	Are you are	active duty member of the military !	Yes	□No	
QUALIFICATIONS							
Section A							
If you answer "No" to all three questions, you <b>DO NOT</b> qualify for an instructor permit.							
Are you a licensed real estate broker in Indiana					Yes	□No	
2. Are you a licensed attorney in Indiana?					□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? <i>If "Yes", provide the name and license number of the broker or attorney below.</i>							
Name of broker / attorney License number							
Name of broker / attorney				License number			
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							
Additionly. 10 20-04.1-2-0, 10 20-04.1-0-10							
Sec. 2. In addition to the requirements of IC 25-3-by the Commission with a score of seventy-five pe					nation as spe	cified	

QUESTION	S				
If your answer is "Yes" to any of the following, explain fully in a signed written state arrest or court documents. Describe the event including the location, date and dispute the license or permit issued pursuant to this application.					
<ol> <li>Except for minor violations of traffic laws resulting in fines, and arrests or convi (1) have you ever been arrested;</li> <li>(2) have you ever entered into a prosecutorial diversion or deferment agreeme felony in any state;</li> <li>(3) have you ever been convicted of any offense, misdemeanor, or felony in an (4) have you ever pled guilty to any offense, misdemeanor, or felony in any sta (5) have you ever pled nolo contendre to any offense, misdemeanor, or felony</li> </ol>	y state;  yes No				
<ol><li>Have you ever been denied a license, certification, registration, or permit to pra or any other state?</li></ol>	actice real estate or any other profession in this				
AUTHORIZATION FOR RELEAS	SE OF INFORMATION				
I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency, 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 information.					
I further authorize the Professional Licensing Agency 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 from any and all liability in connection with such disclosures.					
A photostatic copy of this authorization has the same force and effect as the origin					
AFFIRMATIO	DN				
I affirm, under penalties for perjury, that the foregoing representations are true.					
Signature of applicant	Date (month, day, year)				