



# APPLICATION FOR LICENSURE AS A REAL ESTATE BROKER

State Form 44176 (R12 / 11-16)

Approved by State Board of Accounts, 2016

**INDIANA REAL ESTATE COMMISSION  
PROFESSIONAL LICENSING AGENCY**  
402 West Washington Street, Room W072  
Indianapolis, IN 46204  
Telephone: (317) 234-3009  
E-mail: pla9@pla.IN.gov  
www.pla.IN.gov

- INSTRUCTIONS:** 1. The fee for this application is \$60.00, payable to the Indiana Professional Licensing Agency, in accordance with 876 IAC 5-3-1.  
 2. All fees are non-refundable and non-transferable.  
 3. Please refer to the instructions on our website at [www.pla.IN.gov](http://www.pla.IN.gov) for the licensing requirements.

\* Your Social Security number is being requested by this state agency in accordance with Indiana Code 4-1-8-1. Disclosure is mandatory, and this record cannot be processed without it. Social Security numbers are available to the Indiana Department of Revenue.

<b>APPLICATION FEE</b>	
<b>DATE FEE PAID (month, day, year)</b>	
<b>RECEIPT NUMBER</b>	
<b>LICENSE NUMBER</b>	
<b>DATE LICENSE ISSUED (month, day, year)</b>	

### DO NOT WRITE ABOVE THIS LINE - FOR OFFICE USE ONLY

Are you applying by reciprocity? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reciprocal state	Reciprocal license number
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I would like my license issued in the following status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Referral <input type="checkbox"/> Unassigned
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### APPLICANT INFORMATION

Name (last, first, middle, maiden or previous)		
Date of birth (month, day, year)	Place of birth (city and state)	Social security number *
Address of current residence (number and street or rural route)		
City	State	ZIP code
Work telephone number (include area code) ( )	Residential telephone number (include area code) ( )	E-mail address (required)
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	

### BROKER INFORMATION

Name of Managing Broker	License number of Managing Broker		
Name of Real Estate Broker Company	License number of Company		
Address of current business (number and street or rural route)			
City	State	ZIP code	Business telephone number (include area code) ( )
Signature of Managing Broker		Date signed (month, day, year)	

### PRE-LICENSING COURSE INFORMATION (to be completed by examination applicants only)

Have you completed a pre-licensing course approved by the Commission? <input type="checkbox"/> Yes <input type="checkbox"/> No
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### APPLICANTS MUST ATTACH AN ORIGINAL COPY OF THEIR CERTIFICATE OF COURSE COMPLETION.

Name of Pre-Licensing Course Provider	Registration number of Indiana Pre-Licensing Course Provider	
Location (city and state)	Date of course completion (month, day, year)	Number of course hours completed

**LICENSING EXAMINATION INFORMATION (To be completed by examination applicants only.)**

Have you successfully completed both the National and State-Specific portions of the required licensing examination?  Yes  No (Please provide for the information below.)

Date examination(s) taken (month, day, year):

**APPLICANTS MUST ATTACH AN ORIGINAL OFFICIAL SCORE REPORT WITH THIS APPLICATION.****OTHER STATE LICENSURE / CERTIFICATION / REGISTRATION / PERMIT****APPLICANTS WHO ARE APPLYING FOR LICENSURE BY RECIPROCITY MUST SUBMIT AN ORIGINAL OFFICIAL LICENSE VERIFICATION FROM ALL STATES LISTED.**

Do you now hold, or have you ever held a license / certificate / registration / permit to practice or perform any regulated profession by a state licensing board?  Yes  No  
(If yes, list all states below, including Indiana in which you have held license / certification / registration / permit.)

TYPE OF LICENSE / CERTIFICATION / REGISTRATION / PERMIT	STATE	LICENSE NUMBER	DATE ISSUED (month, day, year)	LICENSE STATUS

**QUESTIONS**

If your answer is "Yes" to any of questions 1 through 5, or "No" to question 6, 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 permanent revocation of the license or permit issued pursuant to this application.

- 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;  Yes  No
- (2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state;  Yes  No
- (3) have you ever been convicted of any offense, misdemeanor, or felony in any state;  Yes  No
- (4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or  Yes  No
- (5) have you ever pled *nolo contendere* to any offense, misdemeanor, or felony in any state?  Yes  No
- 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?  Yes  No
- 3) Has any complaint been filed against you in the State of Indiana, or in any other state, regarding any professional license you currently hold or have previously held or have you practiced real estate or appraising as defined by IC 24-34.1 without a license?  Yes  No
- 4) Has disciplinary action ever been taken regarding any professional license, certification, registration, or permit that you currently hold or have previously held?  Yes  No
- 5) Were you, at any time during your real estate course, recruited for employment or association with any real estate broker or company?  Yes  No
- 6) Do you possess a high school diploma or its equivalent?  Yes  No

**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 signed (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 their authorized representatives, in connection with processing my application for licensure.

I hereby release the aforementioned persons, firms, corporations, associations, organization 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 signed (month, day, year)