



APPLICATION FOR LICENSURE AS A REAL ESTATE BROKER

State Form 44176 (R13 / 9-17)

Approved by State Board of Accounts, 2017

**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. 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.

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.
 ** This information is being requested for workforce statistical purposes only; disclosure is voluntary.

FOR OFFICE USE ONLY

| | | |
|-----------------|--|----------------|
| Application fee | Date fee paid (month, day, year) | Receipt number |
| License number | Date license issued (month, day, year) | |

DO NOT WRITE ABOVE THIS LINE

| | | |
|---|---|--|
| Are you applying by reciprocity? <input type="checkbox"/> Yes <input type="checkbox"/> No | Reciprocal state | Reciprocal license number |
| 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 | | |
| APPLICANT INFORMATION | | |
| Name of applicant (last, first, middle, maiden) | | Social Security number * |
| Date of birth (month, day, year) | Place of birth (city and state or country) | |
| Address of applicant (number and street or rural route) | | City, state, and ZIP code |
| Telephone number (daytime) () | E-mail address (required) | |
| Gender ** <input type="checkbox"/> Male <input type="checkbox"/> Female | Ethnicity ** | Race ** |
| 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) | 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 | | | |
| 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 |
|---|-------|----------------|--------------------------------|----------------|
| | | | | |
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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)