



# APPLICATION FOR LICENSURE AS A REAL ESTATE BROKER

State Form 44176 (R14 / 3-21)

<b>INDIANA REAL ESTATE COMMISSION PROFESSIONAL LICENSING AGENCY</b> 402 West Washington Street, Room W072 Indianapolis, IN 46204 Telephone: (317) 234-3022 E-mail: <a href="mailto:pla10@pla.IN.gov">pla10@pla.IN.gov</a> <a href="http://www.pla.IN.gov">www.pla.IN.gov</a>
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- 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. Applicants must submit their pre-course certificate with the completed application.
  5. Applicants must submit their licensing examination certificate with the completed application.
  6. Please refer to the instructions on our website, [www.pla.in.gov](http://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	If yes, 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)	Gender ** <input type="checkbox"/> Male <input type="checkbox"/> Female
Address of applicant (number and street or rural route)		City, state, and ZIP code
Telephone number (daytime) (      )	E-mail address (required)	
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.) <input type="checkbox"/> I am a United States Citizen. <input type="checkbox"/> I am a qualified alien (as defined under 8 USC § 1641). <input type="checkbox"/> 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) <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 (INDIANA HOLDING)

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) (      )

**OTHER STATE LICENSURE / CERTIFICATION / REGISTRATION / PERMIT**

List all the states in which you have been registered to practice any regulated profession.

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 signed written statement, 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.

- 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
- 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
- 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
- Has disciplinary action ever been taken regarding any professional license, certification, registration, or permit that you currently hold or have previously held?  Yes  No
- Were you, at any time during your real estate course, recruited for employment or association with any real estate broker or company?  Yes  No
- Do you possess a high school diploma or its equivalent?  Yes  No

**AUTHORIZATION FOR RELEASE 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 original.

**AFFIRMATION**

I affirm, under penalties for perjury, that the foregoing representations are true.

Signature of applicant	Date (month, day, year)
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