



# APPLICATION FOR REAL ESTATE APPRAISER PERMIT FOR TEMPORARY PRACTICE

State Form 45664 (R11 / 10-17)

Approved by State Board of Accounts, 2017

REAL ESTATE APPRAISER LICENSURE & CERTIFICATION BOARD

PROFESSIONAL LICENSING AGENCY

402 West Washington Street, Room W072

Indianapolis, IN 46204

Telephone: (317) 234-3009

E-mail: [pla9@pla.IN.gov](mailto:pla9@pla.IN.gov)

[www.pla.IN.gov](http://www.pla.IN.gov)

- INSTRUCTIONS:**
1. The fee for this application is \$150.00, payable to the Indiana Professional Licensing Agency, in accordance with 876 IAC 3-2-7.
  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](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
Permit number	Date permit issued (month, day, year)	

### DO NOT WRITE ABOVE THIS LINE

### TEMPORARY PERMIT HISTORY

Have you ever applied to the Indiana Real Estate Appraiser Licensure and Certification Board for a permit for temporary practice?  Yes  No

If yes, how many previous temporary permits have you been granted? Please provide issuance dates for previous permits (month, day, year).

### APPLICANT INFORMATION

Name of applicant (last, first, middle)		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	
Gender ** <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity **	Race **
Name of appraisal business		
Appraisal business mailing address (number and street, city, state, and ZIP code)		
Business telephone number ( )	Residential telephone number ( )	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 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		

### APPRAISAL ASSIGNMENT INFORMATION

Assignment address (number and street, city, state, and ZIP code)	
Date project will begin (month, day, year)	How long will your assignment take? (indicate days, weeks, or months)

### CURRENT EMPLOYER

Name of company
Address (number and street, city, state, and ZIP code)

### STATE LICENSURE / CERTIFICATION VERIFICATION

Pursuant to 876 IAC 3-3-21, the Board will recognize, on a temporary basis, the license or certificate of an appraiser issued by another state, providing the following: (1) the appraiser's business is of a temporary nature; (2) the appraiser registers with the Board; (3) the license or certificate issued by the other state is appropriate for the type of property to be appraised in Indiana; and (4) the work in Indiana does not last longer than twelve (12) months.

Type of license / certification held	License / certification number	State of issuance
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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 permanent revocation of the license or permit issued pursuant to this application.

- |   |  |
|---|--|
| 1. <i>Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court,</i><br>(1) have you ever been arrested;<br>(2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state;<br>(3) have you ever been convicted of any offense, misdemeanor, or felony in any state;<br>(4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or<br>(5) have you ever pled <i>nolo contendere</i> to any offense, misdemeanor, or felony in any state? | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you ever been denied a license, certification, registration, or permit to practice real estate appraising or any other profession in this or any other state?   | <input type="checkbox"/> Yes <input type="checkbox"/> 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?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 4. Has disciplinary action ever been taken regarding any professional license, certification, registration, or permit that you currently hold or have previously held?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 5. Do you understand that continuing to practice appraising in Indiana after the completion of the assignment for which this temporary permit was issued is a violation of Indiana Code 25-34.1-8-12?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |

**APPLICATION 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 ( <i>month, day, year</i> )

**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 or the Indiana Real Estate Appraiser Licensure and Certification Board, 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 Professional Licensing Agency and the Indiana Real Estate Appraiser Licensure and Certification Board 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 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 the same.

Signature of applicant	Date signed ( <i>month, day, year</i> )