APPLICATION FOR REGISTRATION FOR REAL ESTATE PROFESSIONAL CORPORATION

State Form 47914 (R4 / 8-10)
Approved by State Board of Accounts, 2010

INDIANA REAL ESTATE COMMISSION
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, IN 46204
Telephone: (317) 234-3009
Fax: (317) 233-4236
E-mail: pla9@pla.IN.gov

INSTRUCTIONS:

1. *Include fee of $25.00 payable by check or money order.*
2. *Remit payment to the address located at the top right corner of this form.*

Control number

Professional Real Estate Corporations may be organized, upon compliance with the Professional Corporation Act of 1983, IC 23-1.5 and IC 23-1.5-2-3(a)(6).

Notification shall be given to the Secretary of State's office and the Indiana Real Estate Commission within thirty (30) days after a change of business address of the professional corporation, and the admission or withdrawal of shareholder, giving the names and addresses submitted to the Secretary of State's office and the Indiana Real Estate Commission.

Name of Professional Corporation	Telephone number ( )
Address *(number and street, city, state, and ZIP code)*	
Name of contact person	E-mail address

List names and addresses of all shareholders. At least one (1) shareholder must be licensed in Indiana. Attach an additional 8-1/2" x 11" sheet if necessary.

Name and Address	Type of License Held	State of Licensure	Registration Number

List names and addresses of all the officers. State the type of license held, state of licensure, and registration number. The secretary and treasurer also need to be listed but are not required to be licensed in Indiana or another state. Attach an additional 8-1/2" x 11" sheet if necessary.

Name and Address	Type of License Held	State of Licensure	Registration Number

List names and addresses of all the directors. State the type of license held, state of licensure, and registration number. Attach an additional 8-1/2" x 11" sheet if necessary.

Name and Address	Type of License Held	State of Licensure	Registration Number

I hereby certify that the above information is true and correct.

Signature of Indiana licensed shareholder	Date signed *(month, day, year)*