Reset Form

APPLICATION FOR WAIVER OF CONTINUING EDUCATION

State Form 48359 (R2 / 4-16)

INDIANA REAL ESTATE COMMISSION
INDIANA 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

Requesting hardship waiver on the basis of (*check one*):

☐ Service in the armed forces of the United States for at least one (1) year of the three (3) year licensure period.

☐ An incapacitating illness which has prevented either part-time or full-time employment for at least twelve (12) months of the three (3) year licensure period.

"PERSUANT TO 876 IAC 7-7-11, IT IS NECESSARY THAT YOU PROVIDE EVIDENCE OF THE HARDSHIP RESULTING FROM SERVICE IN THE ARMED FORCES OR A DOCTOR'S STATEMENT VERIFYING THE HARDSHIP RESULTING FROM THE INCAPACITATING ILLNESS."

Name of applicant	License number
Address (*number and street, city, state, and ZIP code*)	
E-mail address	Telephone number ( )
Signature of applicant	Date (*month, day, year*)

Reason for request:

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 (*month, day, year*)