

INDIANA REAL ESTATE COMMISSION
INDIANA PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, IN 46204
Telephone: (317) 234-3022
E-mail: pla10@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)		