



# APPLICATION FOR AUCTIONEER LICENSE ACTIVATION

State Form 48911 (R3 / 2-14)

**INDIANA AUCTIONEER COMMISSION  
PROFESSIONAL LICENSING AGENCY**  
402 West Washington Street, Room W072  
Indianapolis, Indiana 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)

\* Your Social Security number is being requested by this state agency in accordance with IC 4-1-8-1. Disclosure is mandatory and this record cannot be processed without it.

**PLEASE NOTE:** *In order to reactivate an inactive license during a four (4) year license period, the licensee must obtain sixteen (16) hours of continuing education required by IC 25-6.1-9-1.*

- INSTRUCTIONS:**
1. Complete the application.
  2. Attach proof of sixteen (16) hours of continuing education.
  3. Send to the above address.

APPLICANT INFORMATION		
Name of applicant ( <i>last, first, middle</i> )		Social Security number *
Residential address ( <i>number and street, city, state and ZIP code</i> )		
Telephone number (       )	E-mail address	License number
Signature of applicant		Date ( <i>month, day, year</i> )