



**REQUEST FOR TRANSFER  
OF INDIANA TRAINEE APPRAISER LICENSE**

State Form 50670 (R3 / 12-10)

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

\* This agency is requesting the disclosure of your Social Security number in accordance with Indiana Code. Disclosure is mandatory; this record cannot be processed without it. Social Security numbers will be made available to the Indiana Department of Revenue.

**INSTRUCTIONS:**

1. **Part A** should be filled out by trainee.
2. **Part B** should be filled out by employer. Prior to completing this section, please read IC 25-34.1 and 876 IAC (Indiana statute and rules) regarding prohibitions, supervision, and required use of licensed trainee appraisers.

<b>PART A</b>			
Name of trainee ( <i>first, middle, last</i> )		Social Security number *	
Mailing address ( <i>number and street, city, state, and ZIP code</i> )			
Date of birth ( <i>month, day, year</i> )		License number	
E-mail address ( <i>required</i> )	Residence telephone number (       )		Business telephone number (       )
Signature of trainee			Date ( <i>month, day, year</i> )

<b>PART B</b>	
<i>If no employer is listed, the license will be issued on inactive status.</i>	
Name of new supervising appraiser	License number of supervising appraiser
Address of business ( <i>number and street, city, state, and ZIP code</i> )	
Signature of supervising appraiser	Date ( <i>month, day, year</i> )