



LICENSURE AS A REAL ESTATE APPRAISER BY RECIPROCITY

State Form 51140 (R6 / 9-17)
Approved by State Board of Accounts, 2017

REAL ESTATE APPRAISER LICENSURE AND CERTIFICATION BOARD
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-3009
E-mail: pla9@pla.in.gov
www.pla.IN.gov

- INSTRUCTIONS:**
1. The fee for this application is \$100.00, payable to the Indiana Professional Licensing Agency, in accordance with 876 IAC 3-2-7.
 2. Completed application and fees should be mailed to the address listed in the upper right hand corner of this form.
 3. All fees are non-refundable and non-transferable.
 4. Please refer to the instructions on our website, www.pla.in.gov, for the licensing requirements.

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.
 ** This information is being requested for workforce statistical purposes only; disclosure is voluntary.

FOR OFFICE USE ONLY		
Date received (month, day, year)	Application fee	License number issued
Date fee paid (month, day, year)	Receipt number	

DO NOT WRITE ABOVE THIS LINE

I am applying for reciprocity as a (please check one): Certified Residential Appraiser Certified General Appraiser

APPLICATION INFORMATION

Name of applicant (last, first, middle, maiden)		Social Security number *
Date of birth (month, day, year)	Place of birth (city and state or country)	
Address of applicant (number and street or rural route)		City, state, and ZIP code
Telephone number (daytime) ()	E-mail address (required)	
Gender ** <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity **	Race **
Pursuant to IC 12-32-1-5 and IC 12-32-1-6, I swear under the penalty of perjury that: (Please select one of the following.) <input type="checkbox"/> I am a United States Citizen. <input type="checkbox"/> I am a qualified alien (as defined under 8 U.S.C. § 1641).		
Are you the spouse of a member of the military who is assigned to a duty station in Indiana? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you an active duty member of the military? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No	

FROM WHAT STATE LICENSE ARE YOU APPLYING FOR A RECIPROCAL LICENSE?

STATE OF LICENSURE	TYPE OF LICENSE HELD	LICENSE NUMBER	HOW MANY YEARS HAVE YOU HELD THIS LICENSE?

PROFESSIONAL LICENSES HELD IN INDIANA AND OTHER STATES

Do you currently hold or have you ever held a professional license or certification in Indiana or another state? Yes No
 (If yes, list all states below, including Indiana, in which you have held license / certification / registration / permit to practice any state regulated profession.)

TYPE OF LICENSE / CERTIFICATE / REGISTRATION / PERMIT	STATE	LICENSE NUMBER	DATE ISSUED (month, day, year)	STATUS

APPLICATION QUESTIONS

If your answer is "Yes" to any of the following, explain fully in a sworn affidavit, including all related details, and provide copies of all relevant arrest or court documents. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application.

1. Have you ever been convicted of, pled guilty or *nolo contendere* to any offense, misdemeanor or felony in any state or by the Federal courts, or any agency of government, or are criminal charges now pending against you? If yes you must include all court documentation with your application. (Minor violations of traffic laws resulting in fines do not apply.) Yes No
2. Have you ever been denied a license, certification, registration or permit to practice real estate appraising or any profession in this or any other state? Yes No
3. Has any complaint been filed against you in the State of Indiana, or in any other state, regarding any professional license you currently hold or have previously held? Yes No
4. Has disciplinary action ever been taken regarding any professional license, certification, registration or permit that you currently hold or have previously held? Yes No

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 signed (*month, day, year*)

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency, or the Indiana Real Estate Appraiser Licensure and Certification Board, any files, documents, records or other information pertaining to the undersigned requested by the Agency, the Board or any of their authorized representatives, in connection with processing my application for licensure.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any such information.

I further authorize the Professional Licensing Agency or the Indiana Real Estate Appraiser Licensure and Certification Board to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations and institutions any information which is material to my application, and I hereby specifically release the Agency and the Board from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force as the original.

AFFIRMATION

I hereby swear or affirm that I have read the above statements and agree to same.

Signature of applicant

Date signed (*month, day, year*)