



APPLICATION FOR REINSTATEMENT OF EXPIRED BROKER LICENSE

State Form 55369 (8-13)
Approved by State Board of Accounts, 2013

**INDIANA REAL ESTATE COMMISSION
PROFESSIONAL LICENSING AGENCY**
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-3009
Website: www.PLA.IN.gov

Please read the instructions attached to this form carefully. The instructions outline the proper fees to be submitted with this application.

FOR OFFICE USE ONLY

Renewal fee	Receipt number	Date (month, day, year)
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DO NOT WRITE ABOVE THIS LINE

SECTION 1 – APPLICANT INFORMATION

Last name	First name	License number
Street address (number and street)		
City	State	ZIP code
Telephone number ()	E-mail address	

SECTION 2 – STATUS

Choose what status you would like to renew your license into:

☐ Active ☐ Inactive ☐ Referral

SECTION 3 – ASSIGNMENT

Name of principal broker	License number
Name of broker company	License number of broker company
The broker listed above requests that the license of the applicant for reinstatement be assigned to the licensee listed above and takes full responsibility for the licensee's actions in real estate transactions while associated with myself or the broker company.	
Signature of principal broker	Date (month, day, year)

SECTION 4 – QUESTIONS

1. Since you last renewed, has any professional license, certificate, registration or permit you hold or have held been disciplined or are formal charges pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Since you last renewed, have you been denied a license, certificate, registration, or permit in any state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or nolo contendere to a offense, misdemeanor, or felony or in any state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you completed the required continuing education hours for renewal as outlined in Indiana law?	<input type="checkbox"/> Yes <input type="checkbox"/> No

LICENSEE AFFIRMATION

By signing below, I hereby attest that the information listed on this reinstatement application is true, complete and correct.

Signature of licensee	Date (month, day, year)
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