



# APPLICATION FOR ACTIVATION OF BROKER LICENSE

State Form 55647 (R6 / 7-21)

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

- INSTRUCTIONS:**
1. The fee for this application is \$10.00, payable to the Indiana Professional Licensing Agency, in accordance with 876 IAC 5-3-1.
  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 at [www.pla.IN.gov](http://www.pla.IN.gov) for the licensing requirements.
  5. Continuing Education requirements to activate a broker license per 876 IAC 6-7:
    - a. If you received a broker license by completing a broker course and the required exam, you must complete the twelve (12) hours of continuing education that is due for the current licensing year to qualify for activation.
    - b. If you received a broker license by operation of law because your salesperson license was in inactive or referral status on July 1, 2014, you must complete the twenty-four (24) hour broker educational course to qualify for activation.

\* 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

Application fee	Date fee paid (month, day, year)	Receipt number
-----------------	----------------------------------	----------------

### DO NOT WRITE ABOVE THIS LINE

### SECTION A - LICENSEE INFORMATION

Name of applicant (last, first, middle, maiden)		Social Security number *	License number to be activated
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	

### SECTION B - BROKER INFORMATION

Name of Managing Broker	License number of Managing Broker
Name of Real Estate Broker Company	License number of company
Address of current business (number and street or rural route, city, state, and ZIP code)	Telephone number of business ( )
Signature of Managing Broker	Date signed (month, day, year)

### SECTION C - CONTINUING CERTIFICATES

You must attach copies of your continuing education certificates. Your application cannot be processed without them.

### SECTION D - REACTIVATION QUESTIONS

If your answer is "Yes" to any question 1 - 4, explain fully in a signed and notarized statement, including all related details. Include the violation, location, date, disposition, and court records. Letters from attorneys are not acceptable in lieu of your statement. Falsification of any of the following is grounds for permanent revocation of a license or permit issued pursuant to this application.

1. Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court,
  - (1) have you ever been arrested;  Yes  No
  - (2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state;  Yes  No
  - (3) have you ever been convicted of any offense, misdemeanor, or felony in any state;  Yes  No
  - (4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or  Yes  No
  - (5) have you ever pled *nolo contendere* to any offense, misdemeanor, or felony in any state?  Yes  No
2. Have you ever been denied a license, certification, registration or permit to practice real estate or any other 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, or have you practiced real estate or appraising as defined by IC 25-34.1 without a license?  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

**SECTION E - APPLICANT AFFIRMATION**

I hereby swear or affirm, under the penalties of perjury, that the statements made in this application are true, correct, and complete.

Signature of applicant

Date (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, of the Real Estate Commission, any files, documents, records or other information pertaining to the undersigned requested by the Agency, or the Board, or any of its 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 Real Estate Commission, 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 and effect as the original.

**AFFIRMATION**

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

Signature of applicant

Date (month, day, year)