



APPLICATION FOR REASSIGNMENT OF REAL ESTATE LICENSE

State Form 47478 (R5 / 8-10)

Approved by State Board of Accounts, 2010

**INDIANA REAL ESTATE COMMISSION
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: Please type or print legibly.

* Your Social Security number is being requested by this state agency in accordance with Indiana Code. Disclosure is mandatory and this record cannot be processed without it. Social Security numbers are available to the Indiana Department of Revenue.

FOR OFFICE USE ONLY

Application fee	Date fee paid (month, day, year)	Receipt number
License number issued	Date license issued (month, day, year)	

DO NOT WRITE ABOVE THIS LINE

Type of application (check one)

Transfer Inactive / Unassigned Transfer as referral status Broker to hold own license Activation

SECTION A - TRANSFERRING SALESPERSON OR ASSOCIATE BROKER

Name of licensee (last, first, middle)	License number	Social Security number *
Address (number and street, city, state, and ZIP code)		
E-mail address (required)	Telephone number ()	
I hereby swear or affirm that I have notified the releasing broker or corporation / partnership / LLC of my intentions to associate with another broker or corporation / partnership / LLC.		
Signature of licensee	Date (month, day, year)	

SECTION B - TERMINATION OF ASSIGNMENT BY BROKER OR BROKER COMPANY

Name of Broker Company	License number of Broker Company	
Name of releasing broker	License number of releasing broker	Social Security number of releasing broker *
Address (number and street, city, state, and ZIP code)		Telephone number ()
Signature of releasing broker or principal broker of the Broker Company		Date (month, day, year)

SECTION C - TRANSFERRING INFORMATION

The requesting Broker Company named below requests the license of the salesperson or associate broker to be assigned to its license and has the full responsibility for the salesperson's or associate broker's actions in real estate transactions while associated with the requesting Broker Company.

Name of requesting Broker Company	License number of Broker Company	
Name of principal broker for Broker Company	License number of principal broker	Social Security number of principal broker *
Address (number and street, city, state, and ZIP code)		Telephone number ()
Signature of requesting principal broker		Date (month, day, year)