



APPLICATION FOR INSTRUCTOR PERMIT

State Form 55303 (6-13)

INDIANA REAL ESTATE COMMISSION PROFESSIONAL LICENSING AGENCY 402 West Washington Street, Room W072 Indianapolis, IN 46204 Telephone: (317) 234-3009 E-mail: pla9@pla.IN.gov www.pla.IN.gov
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INSTRUCTIONS: Do not use this form unless you were approved as an instructor by the Commission prior to July 1, 2013.

* 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.

Type applying for:	<input type="checkbox"/> Pre-Licensing	<input type="checkbox"/> Continuing Education
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APPLICANT INFORMATION

Name (last, first, middle, maiden or previous)		
Date of birth (month, day, year)	Place of birth (city and state)	Social security number *
Address of current residence (number and street or rural route)		
City	State	ZIP code
Work telephone number (include area code) ()	Residential telephone number (include area code) ()	E-mail address (required)

PREVIOUS INSTRUCTOR INFORMATION

Were you approved by the Commission prior to July 1, 2013, to instruct a pre-licensing education course? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide your instructor number here.
Were you approved by the Commission prior to July 1, 2013, to instruct a continuing education course? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide your instructor number here.

APPLICANT 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 Indiana Professional Licensing Agency, or the Indiana Real Estate Commission, any files, documents, records or other information pertaining to the undersigned requested by the Agency, or the Commission, or any of their authorized representatives, in connection with processing my application for licensure.

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

I further authorize the Indiana Professional Licensing Agency, or the Indiana 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 Commission 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 signed (month, day, year)