



APPLICATION FOR REINSTATEMENT OF REAL ESTATE LICENSE

State Form 55132 (12-12)

Approved by State Board of Accounts, 2012

INDIANA REAL ESTATE COMMISSION PROFESSIONAL LICENSING AGENCY 402 West Washington Street, Room W072 Indianapolis, IN 46204 Telephone: (317) 234-3009 E-mail: pla@pla.in.gov www.pla.in.gov

- INSTRUCTIONS:**
1. Complete this form.
 2. Attach the fee for reinstatement.
 3. Attach any documentation requested by the Professional Licensing Agency.
 4. Mail this form to the address in the box at the top right of this form.

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

DO NOT WRITE ABOVE THIS LINE

APPLICANT INFORMATION		
Name (last, first, middle initial, maiden or previous)		License number
Address (number and street, city, state, and ZIP code)		
Work telephone number (include area code) ()	Residential telephone number (include area code) ()	E-mail address

LICENSE STATUS INFORMATION		
You must select only one option below for your license status. If this information is not completed, your application will not be processed.		
<input type="checkbox"/> Active*	<input type="checkbox"/> Inactive	<input type="checkbox"/> Referral*
*This selection requires the completion of the Broker / Company Information section below.		

BROKER / COMPANY INFORMATION		
Please provide the information for the broker or company that you wish to associate with upon reinstatement, if required by your selection above.		
Name (Broker or broker company)		License number
Address (number and street)		
City, state, and ZIP code		Work telephone number (include area code) ()
Signature of broker		E-mail address

REINSTATEMENT QUESTIONS	
If you answer "Yes" to any of these questions, explain fully in a signed statement, including all related details. Include the violation, location, date, and disposition. Letters from attorneys are not accepted in lieu of your statement. Court documents should be included, if applicable. If this information is not completed, your application will not be processed.	
1. Since you last renewed your license 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 your license 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 your license have you 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 any charges currently pending against you? (Except for minor violations of traffic laws resulting in fines)	<input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICANT AFFIRMATION	
I hereby swear of affirm, under the penalties of perjury, that the statements made in this application are true, complete, and correct.	
Signature	Date (month, day, year)