



# APPLICATION FOR REASSIGNMENT OF REAL ESTATE LICENSE

State Form 47478 (R11 / 7-21)

Approved by State Board of Accounts, 2017

**INDIANA REAL ESTATE COMMISSION  
PROFESSIONAL LICENSING AGENCY**  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204  
Telephone: (317) 232-2960  
E-mail: [pla5@pla.in.gov](mailto:pla5@pla.in.gov)  
[www.pla.in.gov](http://www.pla.in.gov)

\* 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. Social Security numbers are available to the Indiana Department of Revenue.

YOU CAN NOW COMPLETE MOST TRANSFERS ONLINE AT [HTTPS://SECURE.IN.GOV/APPS/PLA/PORTAL/ACCOUNT/LOGON](https://secure.in.gov/apps/pla/portal/account/logon).  
TO REACTIVATE YOUR LICENSE, YOU MUST COMPLETE STATE FORM 55647 AND MAIL IT TO OUR OFFICE FOR PROCESSING.

- 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, [www.pla.in.gov](http://www.pla.in.gov), for the licensing requirements.

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 (CE required)     
  Inactive (No CE required)     
  Unassigned (CE required)

Broker to hold own license (CE required)     
  Referral (No CE required)

### SECTION A - TRANSFERRING A 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 (      )	
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	
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 managing broker of the Broker Company	Date (month, day, year)	

### SECTION C - TRANSFERRING INFORMATION

The requesting Broker Company named below requests the license of the broker to be assigned to its license and has the full responsibility for the 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 managing broker for Broker Company	License number of managing broker	Social Security number of managing broker *
Address (number and street, city, state, and ZIP code)		Telephone number (      )
Signature of requesting managing broker	Date (month, day, year)	