



Application for Reassignment of Real Estate License

State Form 47478 (R/____)

Approved by State Board of Accounts, _____

Indiana Real Estate Commission
Indiana Professional Licensing Agency
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Phone: (317) 234-3009 Website: www.in.gov/pla

FOR OFFICE USE ONLY

APPLICATION FEE:

DATE FEE PAID:

RECEIPT NUMBER:

RELEASE OF SOCIAL SECURITY NUMBERS

* Your Social Security Number is being requested by this state agency in accordance with Indiana Code § 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.

INSTRUCTIONS: For information on how to complete this application, including all applicable fees, please reference the attached instruction sheet or visit our website at www.in.gov/pla.

CHECK ONE:

Transfer

Transfer to State

Transfer as Referral Status

Broker to Hold Own License

SECTION A: Transferring Salesperson or Associate Broker

Name of Licensee:	License Number:
Address (number and street):	Social Security Number*:
City, State, Zip:	Telephone Number:
AFFIRMATION: I hereby swear or affirm that I have notified the releasing Independent Broker or Corporation/Partnership/LLC of my intentions to associate with another Independent Broker or Corporation/Partnership/LLC.	
Signature:	Date:

SECTION B: Termination of Assignment with an Independent Broker or Corporation/Partnership/LLC

Name of releasing Broker:	License Number:
Name of Corporation/Partnership/LLC:	License Number:
Address (number and street):	Social Security Number*:
City, State, Zip:	Telephone Number:
Signature of releasing Broker or Principal Broker of Corporation/Partnership/LLC:	Date:

SECTION C: Transferring to an Independent Broker

Note: A license cannot be assigned to an Associate Broker or to the Principal Broker of a Corporation/Partnership/LLC. The requesting Independent Broker named below requests the license of the Salesperson or Associate Broker be assigned to their individual license and has the full responsibility for Salesperson's or Associate Broker's actions in real estate transactions while associated with the requesting Independent Broker.

Name of requesting Independent Broker:	License Number:
Address (number and street):	Social Security Number*:
City, State, Zip:	Telephone Number:
Signature of requesting Independent Broker:	Date:

SECTION D: Transferring to a Corporation/Partnership/LLC

Note: The requesting Corporation/Partnership/LLC named below requests the license of the Salesperson or Associate Broker be assigned to its entity license and has the full responsibility for Salesperson's or Associate Broker's actions in real estate transactions while associated with the requesting Corporation/Partnership/LLC.

Name of requesting Corporation/Partnership/LLC:	Corporation/Partnership/LLC License Number:
Name of Principle Broker for Corporation/Partnership/LLC:	Principal Broker License Number:
Address (number and street):	Principal Broker Social Security Number*:
City, State, Zip:	Telephone Number:
Signature of requesting Principal Broker:	Date: