

## **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 LIGE ONLY	DELEASE OF COOLAL OF	
FOR OFFICE USE ONLY		
APPLICATION FEE:	* 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	
DATE FEE PAID:		
RECEIPT NUMBER:	Numbers are available to the Indiana D	
INSTRUCTIONS: For information on how to complete this application, including all applicable fees, please reference the attached instruction sheet or visit our website at <a href="https://www.in.gov/pla">www.in.gov/pla</a> .		
CHECK ONE: Transfer Transfer to State	Transfer as Referral Status Broker to Hold Ow	rn License
SECTION A: Transfe	erring Salesperson or Associate Bro	ker
ame of Licensee:	iring odicaperson of Associate Bro	License Number:
ddress (number and street):		Social Security Number*:
ity, State, Zip:		Telephone Number:
y		
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.		
ignature:		Date:
SECTION B: Termination of Assignment	with an Independent Broker or Corp	oration/Partnership/LLC
ame of releasing Broker:		License Number:
ame of Corporation/Partnership/LLC:		License Number:
ddress (number and street):		Social Security Number*:
ity, State, Zip:		Telephone Number:
ignature of releasing Broker or Principal Broker of Corporation/Partnership/LLC:		Date:
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SECTION C: Transferring to an Independent Broker		
<b>Note:</b> 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.		
ame of requesting Independent Broker:		License Number:
ddress (number and street):		Social Security Number*:
ity, State, Zip:		Telephone Number:
ignature of requesting Independent Broker:		Date:
g-ma		
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.		
ame of requesting Corporation/Partnership/LLC:		Corporation/Partnership/LLC License Number:
ame of Principle Broker for Corporation/Partnership/LLC:		Principal Broker License Number:
ddress (number and street):		Principal Broker Social Security Number*:
ity, State, Zip:		Telephone Number:
ignature of requesting Principal Broker		Data