



REQUEST FOR WAIVER OF TRANSFER REQUIREMENT

State Form 55130 (R / 8-14)

**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

- INSTRUCTIONS:**
1. Complete this form.
 2. Send form to the address in the box to the right, either by mail or electronically.

LICENSEE INFORMATION		
Name	License number	Telephone number ()
Address (number and street, city, state, and ZIP code)		E-mail address

NOTIFICATION		
Check either A or B below.		
A	As managing broker, I have attempted to contact a broker currently associated with my license or the license of the broker company of which I am appointed the managing broker. Despite my efforts I have been unable to secure the signature of this broker for the purpose of a transfer from an association with my license or the license of the broker company of which I am appointed the managing broker.	<input type="checkbox"/>
B	As a broker, I have attempted to contact the managing broker whose individual license or broker company license I am currently associated. Despite my attempts I have been unable to secure the signature of this managing broker for the purpose of transfer of my license to a new status or association.	<input type="checkbox"/>
AND		
I have submitted an otherwise completed transfer ("reassignment") form to the Commission, or it is attached with this notification.		<input type="checkbox"/>

REQUEST	
By my signature below, I request that the transfer form I have submitted, along with my statements above, satisfy the requirements of 876 IAC 8-1-3 for the purposes of transfer of a license. I certify that all statements made pursuant to this request are true and accurate.	
Signature	Date (month, day, year)