

## PROFESSIONAL REAL ESTATE MANAGER INFORMATION

A. **PROFESSIONAL REAL ESTATE MANAGER NAME:** \_\_\_\_\_

**MAILING ADDRESS (PO BOX IS ACCEPTABLE):** \_\_\_\_\_

\_\_\_\_\_  
CITY

STATE

ZIP CODE

**MAIN PHONE:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**IF THE PROFESSIONAL REAL ESTATE MANAGER IS A PARTNERSHIP, A CORPORATION, OR A LIMITED LIABILITY COMPANY, PLEASE PROVIDE THE FOLLOWING INFORMATION OF THE PRIMARY CONTACT:**

**NAME:** \_\_\_\_\_

**MAILING ADDRESS (PO BOX IS ACCEPTABLE):** \_\_\_\_\_

\_\_\_\_\_  
CITY

STATE

ZIP CODE

**MAIN PHONE:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

B. **QUALIFYING INFORMATION (CHECK ONE):**

\_\_\_\_\_ **I HAVE AN INDIANA BROKER LICENSE WHICH IS NOT EXPIRED, SUSPENDED, OR REVOKED. IC 25-34.1-3-2(a)**

\_\_\_\_\_ **I AM THE OWNER OF THE PROPERTY. (LIMITED TO MANAGEMENT OF THE PROPERTY OWNED BY YOU.) IC 25-34.1-3-2(b)(8)**

\_\_\_\_\_ **I AM A REGULAR, FULL-TIME, SALARIED EMPLOYEE OF THE OWNER OF THE PROPERTY. (LIMITED TO MANAGEMENT OF PROPERTY UNDER COMMON OWNERSHIP.) IC 25-34.1-3-2(b)(9)**

ESTABLISHED IN 1783



IT BEGINS HERE

\_\_\_\_\_ I AM A BROKER LICENSED UNDER THE LAWS OF ANOTHER STATE, AND I HAVE WRITTEN PERMISSION BY THE INDIANA REAL ESTATE COMMISSION TO MANAGE REAL ESTATE. IC 25-34.1-3-2(b)(12)

\_\_\_\_\_ I AM AN UNLICENSED OUT-OF-STATE COMMERCIAL BROKER MEETING THE REQUIREMENTS OF IC 25-34.1-3-11. (PROVIDE ALL SUPPORTING DOCUMENTATION.) IC 25-34.1-3-2(a)(3) and IC 25-34.1-3.11

\_\_\_\_\_ OTHER: PLEASE EXPLAIN. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ATTACH A LIST OF ALL RESIDENTIAL PROPERTIES IN THE TOWN OF CLARKSVILLE, INDIANA MANAGED BY YOU.**