

**GEORGIA AUCTIONEERS COMMISSION**  
**237 Coliseum Dr., Macon, GA 31217**  
**404-424-9966 – [www.sos.ga.gov](http://www.sos.ga.gov)**

**AUCTIONEER SCHOOL**  
**INITIAL LICENSURE AND REINSTATEMENT APPLICATION**

☐ Initial Registration \$195.00 + \$10.00 processing fee (Non-Refundable)

☐ Reinstatement\* \$195.00 + \$10.00 processing fee (Non-Refundable)

\*School approvals expire February 28 of even-numbered years. Failure to renew will require reinstatement.

School Name \_\_\_\_\_ Telephone: \_\_\_\_\_

School Address (street, city, state, zip) \_\_\_\_\_

School Owner(s) \_\_\_\_\_

School Director / Coordinator \_\_\_\_\_ Email address (required) \_\_\_\_\_

\_\_\_ Yes \_\_\_ No Has any current owner, current instructor, or current director/coordinator been convicted of a felony?

\_\_\_ Yes \_\_\_ No Has any current owner, current instructor, or current director/coordinator been disapproved or disciplined by the Georgia Auctioneers Commission, or any state or federal licensing agency or authority which regulates any profession? (Disciplinary actions include, but are not limited to, letters of concern, reprimands, suspensions, revocations, fines, or restrictions placed on your rights to operate as a licensee.)

\_\_\_ Yes \_\_\_ No Has the school received approval in any other state(s)? If yes, list which state(s): \_\_\_\_\_

*Note: If "YES" is the answer to questions above regarding criminal history, include with this application a certified copy of such conviction or final order along with other details which you wish for the Commission to consider.*

**APPLICANT AFFIDAVIT**

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia Auctioneers Commission, and I agree to abide by these laws and rules, as amended from time to time. I understand that failure to make full and accurate disclosures may result in disciplinary action by the Georgia Auctioneers Commission and/or criminal prosecution.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) \_\_\_\_\_ I am a United States citizen 18 years of age or older. For initial application, submit a copy of your current Secure and Verifiable Document(s). A list of approved documents can be found at [www.sos.ga.gov/plb](http://www.sos.ga.gov/plb), under QuickLinks.

2) \_\_\_\_\_ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. Submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.

State of \_\_\_\_\_, County of \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
School Director/Coordinator Signature

\_\_\_\_\_  
Date

Notary Public: \_\_\_\_\_  
My Commission Expires \_\_\_\_\_ (SEAL)

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**SUPPORTING DOCUMENTATION**

Attach the following information for each course for which initial approval or renewal is requested.

- A detailed proposed course outline noting the number of hours to be spent on each subject area along with all planned in-class and homework exercises.
- A bibliography of all texts and reference materials for use in the course.
- A schedule of course offerings for which the school seeks approval, including the name, date, time, and place of any course offering.
- A current fee schedule for all course offerings.
- An outline of any final examination(s), along with the passing grade requirements.
- The records retention policy for documentation reflecting student scores on graded exercises and examinations. Records must include:
  - Student name
  - Course
  - Attendance record per session
  - Scores earned on all graded exercises or tests
  - Total hours attended
  - Final grade
- A list of all instructors: names, addresses, telephone numbers, and fields of expertise and years of experience.
- A list of all directors and owners of the school, including their names and addresses. If the owner(s) are a partnership or corporation, then a list of all directors and owners of the parent entity.
- A copy of any attendance make-up policy, if so adopted.
- A statement of entrance qualifications for students.
- A statement that the school can make available to its students material the Commission may require for use in a particular course.
- A statement that the school will conduct approved courses either in classroom-style facilities or via webinar\*, along with the number of students the classroom-style facilities can accommodate.
- A copy of the school's proposed grading policy that will be given to students.
- A statement of the types of instructional methods instructors plan to utilize.
- A statement that the school will require at least 80 hours of credit and 10 days of attendance for certification of graduation of all students.



**\*Please note that for prelicensure education taught via webinar AT LEAST 75% must be taught via live webinar that is instructor led with student interaction, and student participation must be monitored by a required webcam feed. No more than 25% of prelicensure education may be obtained via pre-recorded lectures or webinars. If an approved Auctioneer School makes any change(s) in the curriculum plan that was submitted with the application, including a change in the presentation method, the school must notify the Commission within 30 days via the Change of Curriculum form found on the Commission's website.**



**Office of the Secretary of State**  
**Name-Based Criminal History Record Information Consent/Inquiry Form**

I hereby authorize the Georgia Auctioneers Commission to conduct an inquiry for the purpose listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

Please check **ONLY** one of the boxes listed below:

☐ This authorization is valid for \_\_\_\_\_ days from date of signature.

☐ I, \_\_\_\_\_, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**AREA BELOW IS FOR AGENCY USE ONLY**

Date of Inquiry: \_\_\_\_\_ Time of Inquiry: \_\_\_\_\_ Operator's Initials: \_\_\_\_\_

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	P - Public Records (no consent required)
<input type="checkbox"/>	F - Probate Court / Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U - Personal Copy
CRIMINAL JUSTICE	
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & III Info Received)

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: \_\_\_\_\_

Wanting Agency Telephone: \_\_\_\_\_

Agency Designee Signature and Title: \_\_\_\_\_ Date: \_\_\_\_\_