

GEORGIA AUCTIONEERS COMMISSION

237 Coliseum Dr.
Macon, GA 31217
404-424-9966
www.sos.ga.gov/plb

Auctioneer License Application

I am applying for (select one):

- Initial Auctioneer License by Examination – \$200 fee + \$10 processing fee payable to Auctioneers Commission
 - Initial Auctioneer License by Reciprocity – \$200 fee + \$10 processing fee payable to Auctioneers Commission
 - Mandatory Contribution to Auctioneer Recovery Fund - \$150 payable to Recovery Fund (required with initial application only)
- (Submit 2 checks with application – one for initial licensure \$200 + \$10 processing fee and one for Recovery Fund \$150)**
- Reinstatement of License # _____ - \$400 non-refundable reinstatement fee + \$10 processing fee payable to Auctioneers Commission

Name: _____

Social Security No.* _____ - _____ - _____ Date of Birth** : ____/____/____ Place of Birth: _____

*this information is authorized to be obtained & disclosed to State and Federal Agencies pursuant to O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 & 20 U.S.C.A. § 1001
**applicant must be at least 18 years old to qualify for licensure
City, State, Country

Gender: Male Female Georgia Resident: Yes No

Email Address: (required for notifications from the Commission): _____

Mailing Address (will appear on license and on SOS website):

Street / PO Box

City, State, Zip County Business Telephone

Physical Location Address:

Address (cannot use PO Box for this address)

City, State, Zip County

GEORGIA AUCTIONEERS COMMISSION

Application for Auctioneer License

THE FOLLOWING QUESTIONS MUST BE ANSWERED BY THE APPLICANT:

1. <u>Education:</u> Do you have a high school diploma or GED equivalent?	YES	NO
2. <u>Auctioneer School:</u> Have you completed an Auctioneer School? If yes, submit a copy of your certificate of completion.	YES	NO
3. <u>Civil Judgment:</u> Has a civil judgment been entered against you? If yes, submit a certified copy of the court disposition.	YES	NO
4. <u>Pending Charges:</u> Are there currently any charges pending against you for a criminal offense? If yes, submit an explanation, including court documents if available.	YES	NO
5. <u>Arrest, conviction, sentencing:</u> Have you ever been arrested, convicted, or sentenced for any felony, misdemeanor, DWI, DUI, or any other offense? If so, attach a complete list of all convictions detailing dates and locations where such convictions occurred, including certified court dispositions . <i>Failure to provide complete and true information as requested allows the board to refuse to grant a license (o.c.g.a. § 43-1-19(a)(2)) and if license has already been granted, allows the board to immediately suspend that license(o.c.g.a. § 43-6-18(9)).</i>	YES	NO
6. <u>Pleas and First Offender:</u> Have you ever pled guilty or nolo contendere, or received first offender treatment for any felony, misdemeanor, DWI, DUI, or any other? If so, attach a complete list of all nolo contendere pleas, or crimes for which you have received first offender treatment, detailing dates and locations where such nolo pleas, or first offender treatments occurred, including certified court dispositions . <i>Failure to provide complete and true information as requested allows the board to refuse to grant a license (o.c.g.a. § 43-1-19(a)(2)) and if license has already been granted, allows the board to immediately suspend that license(o.c.g.a. § 43-6-18(9)).</i>	YES	NO
7. <u>License revocation, suspension, sanction:</u> Have you ever had a license revoked, suspended, or otherwise sanctioned by any board or agency, or have you ever been denied issuance of or, pursuant to disciplinary proceedings, refused renewal of a license by any board or agency in any state, including Georgia? If so, attach explanation and certified copies of all disciplinary documents.	YES	NO
8. <u>Other License(s):</u> Are you licensed in another state as an auctioneer? If yes, list the state(s) and license number(s), and submit an original certification of licensure from each state of licensure.	YES	NO

ESCROW / TRUST ACCOUNT INFORMATION

Rule 55-5-.02 requires that an Auctioneer maintain at all times an active trust account and must register such account with the Georgia Auctioneers Commission.

Complete the following authorization permitting a duly authorized representative of the Auctioneers Commission to examine the escrow or trustee account, when so directed by the Commission.

 Name as it Appears on the Account

 Name of Bank

 Account #

 Bank Address (street, city, state, zip)

GEORGIA AUCTIONEERS COMMISSION

APPLICANT AFFIDAVIT

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. 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 hereby authorize the Georgia Auctioneers Commission and/or authorized representative of the Georgia Auctioneers Commission to examine any information concerning the escrow/trust account noted in this application.

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. 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, under Quick Links.

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.**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia Auctioneers Commission and/or criminal prosecution.

State of Georgia
County of _____
Subscribed and sworn to
Before me this _____ day of _____, _____

Applicant's Signature

Applicant's Printed Name

Notary Public

My Commission Expires: _____
(SEAL)

GEORGIA AUCTIONEERS COMMISSION

*****NON-RESIDENT AUCTIONEER APPLICANTS ONLY*****

**DESIGNATION OF AGENT
FOR THE SERVICE OF PROCESS**

KNOW ALL MEN BY THESE PRESENTS:

The undersigned _____ being an applicant for licensure as a non-resident Auctioneer in the State of Georgia, does hereby irrevocably designate and appoint the Division Director, Professional Licensing Division, State of Georgia, as its agent for the purpose of accepting service of any and all process issued by any court located within the State of Georgia, as well as service of all pleadings and other papers, relating in any way to any action, suit or legal proceeding arising out of or pertaining to its duties or responsibilities as an Auctioneer in the State of Georgia. The undersigned further consents, stipulates and agrees that any lawful process served upon the aforesaid agent shall have the same legal force and validity as if served upon the undersigned personally within the State of Georgia and that the authority contained here shall continue in force and effect so long as any liability against the undersigned remains outstanding in the State of Georgia.

Signature of Applicant for Auctioneer

Printed Name of Applicant for Auctioneer

Date

State of _____, County of _____

The above-named personally appeared before the undersigned Notary Public in and for the above-named County and State, the day and date above-named, and acknowledged the execution of the foregoing instrument to be the voluntary act and deed of such applicant for the purposes therein set forth.

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____, _____

SEAL

NOTARY PUBLIC
MY COMMISSION EXPIRES: _____



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.

Form with fields: Full Name (print), Address, Sex, Race, Date of Birth, Social Security Number

Please check ONLY one of the boxes listed below:

- Checkboxes for authorization validity and consent to perform periodic criminal history background checks.

Signature _____ Date _____

AREA BELOW IS FOR AGENCY USE ONLY

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check one)

Table with purpose codes: NON-CRIMINAL JUSTICE PURPOSES (E, M, N, W, P, F), PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY) (U), CRIMINAL JUSTICE (J, Z)

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

Table with inquiry results: No Criminal Record Available, Criminal Record (Attached/Released), No NCIC/GCIC Warrant, Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

Agency Designee Signature and Title: _____ Date: _____