

GEORGIA AUCTIONEERS COMMISSION
237 Coliseum Drive Macon, Georgia 31217
404-424-9966 – www.sos.ga.gov/plb/auctioneer

EXEMPT AUCTION COMPANY APPLICATION

APPLICATION IS SUBMITTED FOR:

New Exemption Request Address Change Change in Supervising Auctioneer Change in Ownership Change in Company Name

Company Name: _____
(as it will appear in advertisements, auction documents, etc.)

Company Owner: _____ Telephone: _____

Company Mailing Address: _____

Company Physical Location: _____ Telephone _____

Company Owner Email Address: (not be shared with third parties) _____

Supervising Auctioneer: _____
(auctioneer directly supervising company; state name as it appears on license; no nicknames)

Supervising Auctioneer Email Address: (not be shared with third parties) _____

Georgia Auctioneer License # _____ Expiration Date: _____

AUCTIONEER'S AFFIDAVIT

(to be completed even if Auctioneer is the company owner)

I, _____, certify that I am an Auctioneer, duly licensed by the GEORGIA AUCTIONEERS COMMISSION, and that I work exclusively for the above named company. I further certify that all proceeds from auctions conducted by this company in the State of Georgia will be deposited in the following escrow/trust account, and I authorize the examination of this account by any representative of the Commission when so directed by the Commission:

Escrow / Trust Acct #: _____ Name on Account: _____

Bank Name and Address: _____

____ (initial) - I understand that as the Auctioneer directly supervising the company, I am responsible for all advertising (including having my name and license number printed in any advertisement or circular advertising an auction) and for the management of any sales conducted by this company in the State of Georgia; that I shall account for all proceeds therefrom and shall sign and issue a closing statement to the sellers. As required by the Rules and Regulations of the Commission, I will notify the Commission within 15 days of termination of my employment with the above named Auction Company.

____ (initial) - I understand that any violation of the Laws or Rules regulating the Auction Profession in the State of Georgia may result in administrative legal action to determine if sanctions should be imposed against my license.

Sworn and subscribed to before me this _____
day of _____, 20____.

Auctioneer Signature

Notary Public (Seal Required)

Auctioneer Printed Name

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COMPANY OWNER'S AFFIDAVIT

NOTE: This section must be completed if Supervising Auctioneer is NOT the Company Owner.

I, _____, certify that I am the owner of the company named on this application. I understand that the auctioneer is responsible for depositing all proceeds from auctions conducted by this company into the aforementioned escrow/trust account and other responsibilities as listed in the above auctioneer's affidavit and contained in section 43-6 of the official code of Georgia annotated and/or the rules and regulations of the Commission. I further understand that I must notify the Georgia Auctioneers Commission within 15 days after termination of the employment of the supervising auctioneer and that any auction activity by the company must cease until such time as an auction company license is issued by the Commission or an updated application for exemption from company license has been completed and submitted to the Commission.

Company Owner Signature

Company Owner Name (Printed)

Sworn and subscribed to before me this _____
day of _____, 20____.

NOTARY PUBLIC (SEAL REQUIRED)