

APPLICATION FOR AUCTIONEER LICENSE



**GEORGIA AUCTIONEERS COMMISSION
237 COLISEUM DRIVE
MACON, GA 31217**

GEORGIA AUCTIONEERS COMMISSION
237 Coliseum Drive
Macon, Georgia 31217-3858
(478) 207-1460
www.sos.state.ga.us/plb/auctioneer

INFORMATION SHEET

REQUIREMENTS FOR THE AUCTIONEER EXAMINATION

1. Applicant must be 18 years or older;
2. Graduated from an accredited high school or obtained a GED (copy of diploma or GED certificate required);
3. Complete application - sign, notarize and attach current photograph (within 6 months);
4. Submit letter of certification of completion from approved Auction School;
5. Escrow account form (license will NOT be issued without escrow account form).
6. Submit \$100.00 application/examination fee;

Applications for examination must be approved by the Commission prior to taking the examination. All applications for examination **MUST** be POSTMARKED FORTY (40) DAYS PRIOR TO THE EXAMINATION DATE. *All other applications must be complete and submitted fifteen (15) days prior to the next board meeting.*
*****If you have a disability and may require an accommodation, complete the enclosed "Request for Disability Accommodation Guidelines" form and return with application and documentation of your disability from your physician..*****

NON-RESIDENT AUCTIONEER APPLICATION

1. Application with current photograph.
2. Letter of certification of current licensure in another State (COPY OF LICENSE IS NOT ACCEPTABLE)
3. Escrow account form (license will NOT be issued without escrow account form).
4. Designation of agent for the service of process.
5. Submit required license fee and \$150.00 recovery fund fee. See fee schedule.

RECIPROCITY APPLICATION

1. Application and current photograph.
2. Letter of certification from State where you are currently licensed.
3. Escrow account form (license will NOT be issued without escrow account form).
4. Submit required license fee and \$150.00 recovery fund fee. See fee schedule.

COMPANY APPLICATION

1. Application.
2. Nonresident Corporation must submit a certification from the Georgia Secretary of State's office showing the Corporation is authorized to do business in Georgia.
3. Complete escrow account form (license will NOT be issued without escrow account form).
4. Submit required license fee and \$150.00 recovery fund fee. See fee schedule.

APPLICATION FOR EXEMPTION FROM COMPANY LICENSE

You may qualify for company exemption if you are a company owner and have a licensed auctioneer that directly supervises your company. You may qualify for company exemption if you are the owner and full time auctioneer.

To apply for a company exemption, submit the completed application form for company exemption.

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FEE SCHEDULE
(APPLICATION FEES ARE NON-REFUNDABLE)

AUCTIONEER LICENSE	
Application/Examination Fee	\$100.00
Auctioneer License Fee	\$200.00
Recovery Fund Fee (Separate check payable to GEORGIA AUCTIONEERS RECOVERY FUND)	\$150.00
Penalty Fee For Practicing as an Auctioneer Prior to Licensure – In Addition to the License Fee	\$250.00
Renewal Fee – Received by December 31 of the Renewal Year	\$200.00
Late Renewal Fee – Received Between Jan. 1 and March 31 After the Renewal Deadline	\$300.00
Reinstatement of License Fee – After Late Renewal Deadline, At the Commission's Discretion	\$400.00
Reinstatement Applications Must Submit Recovery Fund Fee	
AUCTION COMPANY LICENSE	
Company License Fee	\$200.00
Recovery Fund Fee (Separate check payable to GEORGIA AUCTIONEERS RECOVERY FUND)	\$150.00
Penalty Fee For Operating an Auction Company Prior to Licensure – In Addition to the License Fee	\$250.00
Renewal Fee – Received by December 31 of the Renewal Year	\$200.00
Late Renewal Fee – Received Between Jan. 1 and March 31 After the Renewal Deadline	\$300.00
Reinstatement of License Fee – After Late Renewal Deadline, At the Commission's Discretion	\$400.00
Reinstatement Applications Must Submit Recovery Fund Fee	
AUCTIONEER SCHOOLS	
Application Fee	\$195.00
Renewal Fee	\$100.00
OTHER FEES	
License Certification Letter	\$ 25.00
Duplicate License Fee	\$ 25.00
Decorative Wall Certificate	\$ 25.00
Change of Name or Address	\$ 25.00

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DO NOT WRITE IN THIS SECTION

RECEIPT # _____

AMOUNT _____

APPLICANT # _____

INITIAL ____ DATE _____

APPLICATION FOR AUCTIONEER LICENSE

APPLICATION IS BEING MADE FOR (CHECK APPROPRIATE BOX):

<input type="checkbox"/>	RESIDENT AUCTIONEER APPLICANT	<input type="checkbox"/>	REINSTATEMENT OF LICENSE# _____
<input type="checkbox"/>	NON-RESIDENT AUCTIONEER APPLICANT	<input type="checkbox"/>	APPLICANT BY RECIPROCITY

NAME:

FIRST

MIDDLE

LAST

BUSINESS TELEPHONE:

RESIDENCE TELEPHONE:

AREA CODE _____

AREA CODE _____

SOCIAL SECURITY NO.*: _____ - _____ - _____

*THIS INFORMATION IS AUTHORIZED TO BE OBTAINED & DISCLOSED TO STATE & FEDERAL AGENCIES PURSUANT TO O.C.G.A. § 19-11-1 & O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 & 20 U.S.C.A. § 101.

U.S. CITIZEN : _____ YES _____ NO*

*SUBMIT COPY OF REGISTRATION CARD

GA RESIDENT : _____ YES _____ NO

PLACE OF BIRTH:

CITY _____ STATE OR COUNTRY _____

DATE OF BIRTH : _____ / _____ / _____

AGE: _____

*APPLICANT MUST BE AT LEAST 18 YEARS OF AGE TO QUALIFY FOR LICENSURE

GENDER : _____ MALE _____ FEMALE

PHYSICAL LOCATION ADDRESS, NUMBER & STREET, SUITE NUMBER: (CANNOT USE A P.O. BOX)

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ COUNTY _____

MAILING ADDRESS, IF DIFFERENT FROM THE PHYSICAL LOCATION ADDRESS:

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ COUNTY _____

ALL QUESTIONS MUST BE COMPLETED BY THE APPLICANT

DO YOU HAVE A HIGH SCHOOL EDUCATION OR GED EQUIVALENT? **APPLICANTS FOR EXAMINATION MUST SUBMIT A COPY OF HIGH SCHOOL DIPLOMA OR GED.** Yes No

HAVE YOU COMPLETED AUCTIONEER SCHOOL ? IF SO, SUBMIT A COPY OF YOUR CERTIFICATE. Yes No

HAVE YOU EVER BEEN CONVICTED OF A CRIME, PLED NOLO CONTENDERE TO A CRIME, OR RECEIVED FIRST OFFENDER TREATMENT FOR A CRIME? IF SO, ATTACH A COMPLETE LIST OF **ALL** CONVICTIONS, NOLO CONTENDERE PLEAS, OR CRIMES FOR WHICH YOU HAVE RECEIVED FIRST OFFENDER TREATMENT, DETAILING DATES AND LOCATIONS WHERE SUCH CONVICTIONS, NOLO PLEAS, OR FIRST OFFENDER TREATMENTS OCCURRED, **INCLUDING CERTIFIED COURT DISPOSITIONS.** 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)). FAILURE TO PROVIDE COMPLETE AND TRUE INFORMATION, IF SUCH RESULTS IN THE GRANTING OF A LICENSE, ALLOWS THE BOARD TO IMMEDIATELY SUSPEND THAT LICENSE(O.C.G.A. § 43-6-16 (d)). Yes No

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 GEORGIA OR OTHER STATE? IF SO, ATTACH EXPLANATION. Yes No

ARE YOU LICENSED IN ANOTHER STATE AS AN AUCTIONEER? IF SO, LIST THE STATE(S) AND LICENSE NUMBER(S) AND SUBMIT AN ORIGINAL CERTIFICATION OF LICENSURE FROM EACH STATE OF LICENSURE. : Yes No

AFFIDAVIT

THE UNDERSIGNED SWEARS OR AFFIRMS THAT ALL INFORMATION CONTAINED IN THE WITHIN APPLICATION FOR A GEORGIA AUCTIONEER LICENSE IS TRUE AND CORRECT IN EVERY RESPECT. THE UNDERSIGNED UNDERSTANDS THAT A MATERIAL MISREPRESENTATION IN THIS APPLICATION WILL BE GROUNDS FOR REVOKING THE LICENSE AND PROSECUTION OF THE UNDERSIGNED AS PROVIDED BY LAW.

STATE OF GEORGIA
COUNTY OF _____

SIGNATURE OF THE APPLICANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____, _____

DATE

NOTARY PUBLIC
MY COMMISSION EXPIRES: _____

ATTACH PHOTO OF APPLICANT

**AFFIDAVITS (TO BE COMPLETED BY PERSONS HAVING PERSONAL KNOWLEDGE OF THE
CHARACTER OF THE APPLICANT)**

THE UNDERSIGNED SWEARS OR AFFIRMS THAT THE APPLICANT IS PERSONALLY KNOWN TO THE
UNDERSIGNED, THAT THE UNDERSIGNED IS NOT RELATED TO THE APPLICANT, AND THAT THE
APPLICANT IS REPUTABLE, TRUSTWORTHY, HONEST, AND COMPETENT TO TRANSACT THE BUSINESS
OF AN AUCTIONEER IN SUCH MANNER AS TO SAFEGUARD THE INTEREST OF THE PUBLIC.

STATE OF GEORGIA

COUNTY OF _____

SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____, _____

PRINT NAME

NOTARY PUBLIC

DATE

MY COMMISSION EXPIRES: _____

THE UNDERSIGNED SWEARS OR AFFIRMS THAT THE APPLICANT IS PERSONALLY KNOWN TO THE
UNDERSIGNED, THAT THE UNDERSIGNED IS NOT RELATED TO THE APPLICANT, AND THAT THE
APPLICANT IS REPUTABLE, TRUSTWORTHY, HONEST, AND COMPETENT TO TRANSACT THE BUSINESS
OF AN AUCTIONEER IN SUCH MANNER AS TO SAFEGUARD THE INTEREST OF THE PUBLIC.

STATE OF GEORGIA

COUNTY OF _____

SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____, _____

PRINT NAME

NOTARY PUBLIC

DATE

MY COMMISSION EXPIRES: _____

THE UNDERSIGNED SWEARS OR AFFIRMS THAT THE APPLICANT IS PERSONALLY KNOWN TO THE
UNDERSIGNED, THAT THE UNDERSIGNED IS NOT RELATED TO THE APPLICANT, AND THAT THE
APPLICANT IS REPUTABLE, TRUSTWORTHY, HONEST, AND COMPETENT TO TRANSACT THE BUSINESS
OF AN AUCTIONEER IN SUCH MANNER AS TO SAFEGUARD THE INTEREST OF THE PUBLIC.

STATE OF GEORGIA

COUNTY OF _____

SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____, _____

PRINT NAME

NOTARY PUBLIC

DATE

MY COMMISSION EXPIRES: _____

ESCROW/TRUST ACCOUNT INFORMATION

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

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

_____ Name as it Appears on the Account		
_____ Account Number		
_____ Name of Bank		
_____ Street Address of Bank		
_____ City	_____ State	_____ Zip Code

I hereby authorize the Georgia Auctioneer Commission and/or authorized representative of the Georgia Auctioneer Commission to examine any information concerning the above-mentioned account.

_____ Signature of the Applicant	_____ Date
_____ Print Name	

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____, _____

SEAL

NOTARY PUBLIC
MY COMMISSION EXPIRES: _____

*****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 of 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.

This ____ day of _____, _____.

Signature of the Applicant

Print Name

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: _____

THIS PAGE FOR OFFICE USE ONLY – DO NOT WRITE ON THIS PAGE

INSUFFICIENT:

- _____ 1. **APPLICATION INCOMPLETE**
- _____ 2. **APPLICATION NOT SIGNED AND NOTARIZED**
- _____ 3. **LICENSE FEE NOT PAID IN FULL**
- _____ 4. **EXAM FEE NOT PAID IN FULL**
- _____ 5. **RECOVERY FUND FEE NOT PAID IN FULL**
- _____ 6. **DESIGNATION OF AGENT FOR THE SERVICE OF PROCESS NOT SIGNED AND NOTARIZED**
- _____ 7. **ESCROW/TRUST ACCOUNT INFORMATION INCOMPLETE**
- _____ 8. **CERTIFIED COPY OF LETTER OF CERTIFICATION FROM STATE OF DOMICILE NOT SUBMITTED**
- _____ 9. **OTHER:** _____
- _____
- _____

() **NON-RESIDENT AUCTIONEER** () **APPROVED** () **INCOMPLETE**
() **APPROVED PENDING**

() **RESIDENT AUCTIONEER** _____

() **DISAPPROVED**
REASONS:

Date

Signature of Commission Members:

