



## Auctioneer

### APPLICATION FOR AUCTIONEER LICENSURE

#### INSTRUCTION TO APPLICANTS

- A. Applicants Must Submit the following:
1. Completed Application
  2. Application Fee of \$100.00 – Non-Refundable Processing Fee  
(Unless previously submitted with Apprenticeship Application);
  3. Verification of Education form
  4. Verification of Licensure or Certification – One from every jurisdiction in which you now hold or have ever held a license/certification to practice; (if applicable)
  5. Verification of Apprenticeship Experience form (if applicable)

**NOTE:** Any change of address or other contract information, by an applicant or licensee, must be forwarded to this office no later than thirty (30) days after change occurs.



**Auctioneer**  
**Application for Licensure as an Auctioneer**

Applying on the basis of: \_\_\_\_\_ Apprenticeship \_\_\_\_\_ Education \_\_\_\_\_ Licensed in another state (Endorsement)  
(Use Ink or Typewritten only)

<b>First Name (Legal name no nicknames)</b>	<b>MI</b>	<b>Last Name &amp; Title (Jr., Sr., II, III, etc.)</b>	<b>Circle One:</b>
			Mr. Mrs. Ms. Dr.
<b>Previous Name(s) (Maiden)</b>			

**Social Security Number:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \*\* (Providing your social security number (SSN) is mandatory, and requested under the authority granted by 42 U.S.C. §405(c)(2)(C). It will be used by the Departments of Taxes, Child Support, and the Department of Labor in the administration of Vermont law, to identify individuals affected by such laws. Your SSN is not disclosed as part of a public records request);

**OR**

**Passport Number:** \_\_\_\_\_ \*\*\* (If you do not have a social security number you must provide a passport number as evidence that there is no attempt to procure a license fraudulently (3 V.S.A. §129a)

<b>Mailing Address:</b>	<b>P.O. Box</b>	
	<b>Street/Apt #</b>	
	<b>City/State/Zip</b>	
	<b>Country</b>	

<b>911 Address: (if different than mailing)</b>	<b>P.O. Box</b>	
	<b>Street/Apt #</b>	
	<b>City/State/Zip</b>	

<b>Home Phone:</b>	(     )     -	<b>Cell Phone:</b>	(     )     -
<b>Work Phone:</b>	(     )     -	<b>E-Mail:</b>	

<b>Date of Birth</b>	<b>Gender: (Circle One)</b>
	Female     Male

List below every state in which you now hold, or have ever held, a license/certification to practice			
STATE	LICENSE #	DATE ISSUED	DATE EXPIRES(D)

## Vermont Mandatory “Good Standing” Declarations

### Child Support:

<b>Child Support Orders, 15 V.S.A. § 795(c): As of the date of this application: (you must check one)</b>	
<input type="checkbox"/>	I am not subject to a child support order; OR
<input type="checkbox"/>	I am subject to a child support order and am in good standing* or in full compliance with a plan to pay; OR
<input type="checkbox"/>	I am not in good standing* or in full compliance with a plan to pay.*

### Taxes

<b>Tax Compliance (32 V.S.A. § 3113(b)): As of the date of this application: (you must check one)</b>	
<input type="checkbox"/>	I have never lived or worked in Vermont and do not owe Vermont taxes; OR
<input type="checkbox"/>	No taxes are due and payable and all required returns have been filed; OR
<input type="checkbox"/>	The liability for any taxes due and payable is on appeal; OR
<input type="checkbox"/>	I am in compliance with a payment plan approved by the Vermont Department of Taxes; OR
<input type="checkbox"/>	I am not in good standing* with the Vermont Department of Taxes or in full compliance with a plan to pay.

### Unemployment Compensation

<b>Unemployment Compensation (21 V.S.A. §1378(b)): As of the date of this application: (you must check one)</b>	
<input type="checkbox"/>	This does not apply to me because I have never been an employer in Vermont; OR
<input type="checkbox"/>	No contributions or payments in lieu of contributions are due and payable; or the liability for any contributions or payments in lieu of contributions due and payable is on appeal; or the employing unit is in compliance with a payment plan approved by the commissioner; OR
<input type="checkbox"/>	I am not in good standing* or in full compliance with a plan to pay.

### District Court Fines / Judicial Bureau

<b>Unpaid Judgments (4 V.S.A. § 1110(b&amp;c)): As of the date of this application: (you must check one)</b>	
<input type="checkbox"/>	I do not have any unpaid judgments
<input type="checkbox"/>	I am in good standing* with respect to any unpaid judgment issued by the judicial bureau or district court for fines or penalties for a violation or criminal offense; OR
<input type="checkbox"/>	I am not in good standing.*

\* “Good standing” is defined in the statutes cited above. For more information, refer to the relevant statute specific to the particular question.

## Vermont Mandatory Credential and Fitness Questions

Circle **Yes** or **No** for each of these questions. If the answer is **Yes**, follow the instructions provided.

Has Vermont or any other state, federal authority, or other jurisdiction (US or elsewhere) denied an application by you for a license, certificate, or registration to practice a profession or occupation? <i>If "Yes," you must attach a copy of the order or official notification of the action(s).</i>	Yes	No
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Has Vermont or any other state, federal authority, or other jurisdiction (US or elsewhere) restricted, suspended, revoked, or taken any other disciplinary action against a license, certificate, or registration that you hold or held in any profession or occupation? <i>If "Yes," you must provide a copy of the order or official notification of the action.</i>	Yes	No
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Have you ever surrendered a license, certificate, or registration to a licensing authority? <i>If "Yes," you must provide a detailed written explanation.</i>	Yes	No
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Are you currently under investigation by a licensing authority? <i>If "Yes," you must provide a detailed written explanation and a copy of any available information from the licensing authority.</i>	Yes	No
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Have you been convicted of a crime other than a minor traffic violation? (Note: Driving While Intoxicated and Driving Under the Influence are not "minor traffic violations.") <i>If "yes," you must provide a detailed written explanation and attach the official court documents.</i>	Yes	No
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Do you have any criminal charges pending against you in any jurisdiction (US or elsewhere)? <i>If "yes," you must provide a detailed written explanation and attach a copy of the charging documents.</i>	Yes	No
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**Note: Vermont law requires that you report to the Office of Professional Regulation, a felony conviction or any conviction of a crime related to the practice of your profession; within 30 days. 3 V.S.A. § 129a(a)(11).**

Do you have a physical or mental condition or disorder which in any way impairs or limits your ability to practice this profession with reasonable skill and safety? <i>If "Yes," you must have your health care provider submit a detailed statement explaining how you are able to practice safely.</i>	Yes	No
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Does your use of alcohol, substances, or prescription medications impair or limit your ability to practice this profession with reasonable skill and safety? <i>If "Yes," you must provide a detailed written explanation.</i>	Yes	No
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Are you currently addicted to or in any way dependent on alcohol or habit forming drugs? <i>If "Yes," you must provide a detailed written explanation.</i>	Yes	No
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### Statement of Applicant

I certify, under the pains and penalties of perjury, that all information I have provided in this application is true and accurate. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application or further disciplinary action. The maximum penalty for perjury is fifteen years in prison and/or a \$10,000 fine. (13 V.S.A. §2901)

Signature of Applicant

Date



### VERIFICATION OF EDUCATION

Complete the applicant section of this form and forward it to the school where you completed your course of instruction consisting of at least 40 clock hours.

#### Applicant Section

<b>First Name (Legal name no nicknames)</b>	<b>MI</b>	<b>Last Name &amp; Title (Jr., Sr., II, III, etc.)</b>	<b>Circle One:</b>
			Mr. Mrs. Ms. Dr.
<b>Previous Name(s) (Maiden)</b>			
<b>Mailing Address:</b>	<b>P.O. Box</b>		
	<b>Street/Apt #</b>		
	<b>City/State/Zip</b>		
	<b>Country</b>		
I hereby authorize the School to furnish to the Vermont Office of Professional Regulation the information requested below.			
Signature _____ Date: _____			

#### To Be Completed by the Authorized Officer

<b>Name of Applicant</b>		
<b>Name of School</b>		
<b>Number of hours completed</b>		
<b>Dated Completed</b>	<b>From:</b>	<b>To:</b>

<b>(OFFICIAL SEAL)</b>	<b>Signature of Authorized Officer Completing Form:</b>
	<b>Date</b>

Vermont Secretary of State  
 Office of Professional Regulation  
 National Life Building, North FL 2  
 Montpelier VT 05620-3402



**Auctioneer  
 Administrator**  
 (802) 828-1505  
[www.vtprofessionals.org](http://www.vtprofessionals.org)

### VERIFICATION OF LICENSURE

Complete the applicant section of this form and have every state in which you now hold or have ever held a license/certification to practice complete this page.

**Applicant:**

<b>First Name</b>		<b>MI</b>	<b>Last Name &amp; Title (Jr., Sr., II, III, etc.)</b>	<b>Former/Maiden</b>
<b>Mailing Address:</b>	<b>P.O. Box</b>			
	<b>Street/Apt #</b>			
	<b>City/State/Zip</b>			
	<b>Country</b>			

I hereby authorize the License Agency to furnish to the Vermont Office of Professional Regulation the information requested below.

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

**Information Below To Be Completed by the Licensing Agency:**

<b>License #</b>		<b>Licensed as:</b>	
<b>Date Issued</b>		<b>Date Expired(s)</b>	

<b>Licensed By:</b>		<b>Examination</b>	<b>License Status</b>		<b>Active</b>
		<b>Endorsement/Reciprocity</b>			<b>Inactive</b>
		<b>Waiver</b>			<b>Lapsed</b>
		<b>Other</b>			<b>Other</b>

<b>Has this license ever been encumbered in anyway (revoked, suspended, limited, surrendered, restricted, placed on probation)? If yes, attach a copy of the decision</b>	<b>YES</b>	<b>NO</b>
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<b>Signature of person completing form:</b>	<b>Date:</b>
<b>State Completing this form:</b>	
<b>City/State:</b>	<b>Telephone:</b>
<b>STATE LICENSING AUTHORITY: Please complete this form and return to the address above:</b>	



### VERIFICATION OF APPRENTICE EXPERIENCE

<b>Supervising Auctioneer Last Name</b>		<b>First Name &amp; Title (Jr., Sr., II, III, etc.)</b>	<b>License #</b>
<b>Name of Establishment:</b>			
<b>Street/Apt #</b>			
<b>City/State/Zip</b>			
<b>Apprentice's Last Name</b>	<b>First</b>	<b>MI</b>	
<b>Date Apprenticeship Began</b>	<b>Date Apprenticeship Ended</b>	<b>Total Number of Hours</b>	

### Statement of Supervising Auctioneer

This is to certify that \_\_\_\_\_ was in regular attendance  
 From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ . The apprentice completed an apprenticeship of  
 \_\_\_\_ hours and actively participated in six auctions, including bid calling, under direct supervision.

\_\_\_\_\_

**Supervising Auctioneer Signature** **Date**