



AUCTIONEER APPLICATION FORM

FILING STATUS (CHECK ONE)

- Individual, Corporation/LLC, Partnership, Association, Reciprocal, One Time
Date of Sale: ___/___/___

ATTACH 2''X 2'' PHOTO TAKEN WITHIN THE PAST 60 DAYS FACE ONLY.

INDIVIDUAL APPLICANTS ONLY.

PLEASE REFER TO INSTRUCTIONS BEFORE COMPLETING APPLICATION

- 1. Applicant Name: (If Corporation, LLC, Partnership, or Association use business' name)
2. DBA (Doing Business As): Second DBA (if applicable): For each name listed, submit a copy of the trade or fictitious name certificate issued by the Ohio Secretary of State
3. Address: City/State/Zip: County: Telephone: ()

Circle the correct answers below:

- 4. Has any license held by applicant or any member of your partnership, corporation, or association for any business or profession in this or any other state, district or possession, been disciplined, suspended, revoked, or been denied upon initial application or renewal? YES NO If yes, attach a statement giving details
5. Are there any pending disciplinary actions against the applicant or any member of your partnership, corporation, or association for any business or profession in this or any other state, district or possession YES NO If yes, attach a statement giving details
6. Are there any unsatisfied judgments against you? YES NO If yes, attach a statement giving details
7. Have you or any other partner, associate, or officer ever been convicted of any criminal offense in this or any other state, or is there any criminal charge now pending against you or any member of your partnership, corporation or association, in any court? YES NO If yes, attach a statement giving details
8. Have you served at least 12 complete months as an apprentice? YES NO If yes, provide date of initial licensure
9. Name of bank or savings association where applicant has trust account for the auction business: Address: City/State/Zip: Trust Account No.:

10. FOR USE BY INDIVIDUAL APPLICANT ONLY

- A. Home Address:
B. City/State/Zip:

- C. County of Residence: _____
- D. Day Phone: () _____ Evening Phone () _____
- E. Date of Birth: _____ Social Security No.: _____ - _____ - _____
- F. Are you an Ohio: Real Estate Broker Real Estate Sales Associate Neither
- G. State of Residence: _____

11. All Applicants

AFFIDAVIT

State of _____

ss.

County of _____

The undersigned in making this application to the Ohio Department of Agriculture for an auctioneer under the provision of the Ohio Auctioneer Act, swears and affirms that he/she has read and is thoroughly familiar with the provision of the aforementioned act, and agrees to fully comply with them. The undersigned further swears and affirms that all of the information given in this application is true to the best of his/her knowledge and belief.

Further, by signing the application below, any applicant for licensure with the Ohio Department of Agriculture does hereby irrevocably consent, stipulate and agree that any actions may be commenced against such applicant in an court of competent jurisdiction in Ohio by the service of any process or pleading authorized by the laws of this State or the Secretary of State of Ohio and that such service of such process or pleadings on said applicant shall be taken and held in all courts to be as valid and binding as if the service had been made upon said applicant within the State of Ohio.

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, 20____

(NOTARY SEAL)

Signature of Notary

Payment Type:

DO NOT SEND CASH

____ Check/Money Order make payable to "Treasurer, State of Ohio" or

____ Credit Card: Master Card Visa Discover Total Amount to be charged: \$_____.00

Credit Card # _____ Exp. Date: _____ CV2: _____

Name on Card: _____

Cardholder's Signature Authorization : _____