

# STATE BOARD OF AUCTIONEER EXAMINERS

**MAILING ADDRESS**  
STATE BOARD OF  
AUCTIONEER EXAMINERS  
P. O. BOX 2649  
HARRISBURG, PA 17105

**COURIER ADDRESS**  
STATE BOARD OF  
AUCTIONEER EXAMINERS  
2601 NORTH THIRD STREET  
HARRISBURG, PA 17110

**PHONE:** 717-783-3397  
**FAX:** 717-705-5540  
**EMAIL:** st-auctioneer@pa.gov  
**WEB:** www.dos.pa.gov/auct

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APPLICATION TO REQUEST BOARD APPROVAL TO RETAKE THE  
AUCTIONEERING EXAMINATION A THIRD OR SUBSEQUENT TIME

Pursuant to the Board's regulations at 49 Pa.Code §1.23( c )

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**BLACK INK ONLY-PLEASE PRINT**

NAME: \_\_\_\_\_  
*Last* *First* *Middle*

MAILING ADDRESS:

\_\_\_\_\_  
*Street Address* *P.O. Box (if applicable)*

\_\_\_\_\_  
*City* *State* *Zip Code*

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

NAME OF SPONSOR: \_\_\_\_\_

SPONSOR LICENSE NUMBER: AU \_\_\_\_\_

DAYTIME TELEPHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Would you like us to communicate with you regarding this application via e-mail?

Yes  No

**THE FOLLOWING QUESTIONS MUST BE ANSWERED:**

1. Are you a graduate of a Board approved Course of Study?  Yes  No

If YES, which school did you attend?

HACC  RACC  Clarion University-Venango Campus

If YES, date of graduation: \_\_/\_\_/\_\_\_\_

2. Are you licensed as an apprentice auctioneer?  Yes  No

If YES, name of Sponsoring Auctioneer and license number:

Name \_\_\_\_\_ AU \_\_\_\_\_

3. Did you initially apply for examination approval as a non-resident?  Yes  No

4. How many times have you taken the examination? \_\_\_\_\_

5. Date of last examination: \_\_\_\_\_

6. Please provide a list of reference books and study materials you are currently using: \_\_\_\_\_  
\_\_\_\_\_

Verification Statement:

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

In order to comply with federal law, the State Board of is obligated to inform each applicant or licensee from whom it requests a social security number that disclosing such number is **mandatory** in order for this Board to comply with the requirements of the federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. §4304.1(a). In order to enforce domestic support orders, at the request of the Commonwealth's Department of Public Welfare (DPW), the licensing boards must provide to DPW information prescribed by DPW about the licensee, including the social security number.