

# 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](mailto:st-auctioneer@pa.gov)  
WEB: [www.dos.pa.gov/auct](http://www.dos.pa.gov/auct)

## APPLICATION FOR LICENSURE BY RECIPROCITY

Follow Instructions Below and Submit ALL Required Documents

**PLEASE USE BLACK INK ONLY**

**Application Fee: \$50.00 NON-REFUNDABLE APPLICATION FEE. CHECK OR MONEY ORDER MADE PAYABLE TO THE "COMMONWEALTH OF PENNSYLVANIA." (\$20.00 CHARGE FOR ALL CHECKS RETURNED "NOT PAID" REGARDLESS OF THE REASON FOR NON-PAYMENT).**

To be eligible for licensure by reciprocity, a person who is licensed in good standing as an auctioneer or apprentice auctioneer in another state may be granted licensure as an auctioneer or apprentice auctioneer by determination of this Board.

The requirements for licensure in your current licensing state must be equivalent to the licensure requirements in the Commonwealth.

The licensing laws of your current licensing state must extend to licensees of this Commonwealth the same reciprocal rights and privileges in your state without the necessity of the licensees in this Commonwealth to obtain additional or further licenses or authority from any political subdivision of that state; and you must satisfy all the requirements of licensees and applicants for licensure in this Commonwealth, including the requirement to furnish a bond.

**Page 1- MUST be completed in its entirety.**

- Name
- Mailing Address
- Social Security Number
- Date of Birth
- Daytime Telephone
- E-Mail Address

**Page 2- Questions 1-9 MUST be answered.**

**Page 3- Verification Statement must be signed and dated.**

**Cerification/Verification of License Information:**

Contact the State Licensing Board where you currently hold a license and request that a **CERTIFICATION/VERIFICATION OF LICENSE** be sent **DIRECTLY** to the Pennsylvania State Board of Auctioneer Examiners. **Certification/Verification of License is required from all states in which you have ever held/hold a license.** Copies of licenses or certifications from applicants will **NOT** be accepted.

**REQUIRED BOND INFORMATION:**

- The bonding company **MUST** be licensed by the Pennsylvania Insurance Department to operate in the Commonwealth of Pennsylvania.
- Bond must be in the amount of \$5,000 payable to the Commonwealth of Pennsylvania.
- Bond must indicate that it is for an “Auctioneer” or “Apprentice Auctioneer.”
- The bond form must be signed and witnessed.
- The bonding company **MUST** sign the bond and imprint their seal in the appropriate area.
- A certified copy of the Power of Attorney **MUST** be attached to the bond.

**PLEASE NOTE:** ALL ITEMS LISTED MUST BE COMPLETED IN ORDER TO PROCESS THE APPLICATION. IF THE APPLICATION IS NOT COMPLETED IN ITS ENTIRETY OR THE REQUIRED DOCUMENTS ARE NOT RECEIVED, PROCESSING TIME WILL BE DELAYED.

IF YOUR PENNSYLVANIA LICENSE IS NOT ISSUED WITHIN SIX MONTHS OF THE BOARD'S RECEIPT OF THIS APPLICATION, CERTAIN PORTIONS OF THE APPLICATION WILL NEED TO BE UPDATED/RESUBMITTED BEFORE A LICENSE CAN BE ISSUED.

IF YOUR PENNSYLVANIA LICENSE IS NOT ISSUED WITHIN ONE YEAR FROM THE DATE YOUR APPLICATION IS RECEIVED, YOU WILL BE REQUIRED TO SUBMIT A NEW APPLICATION AND APPLICATION FEE.

EACH APPLICATION FOR LICENSURE BY RECIPROCITY SHALL BE REVIEWED BY THE BOARD AND SHALL BE DETERMINED BY A VOTE OF THE BOARD.

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CHECK ONE:

AUCTIONEER LICENSE

APPRENTICE AUCTIONEER LICENSE

### 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: \_\_\_\_\_

DAYTIME TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

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

Would you like us to communicate with you regarding this application via e-mail? Yes  No

**APPLICANT IS REQUIRED TO COMPLETE THE FOLLOWING QUESTIONS:**

***If you answered "yes" to any criminal or disciplinary question, provide a full written explanation AND a certified copy of any and all relevant Board, court and/or legal documents, including the criminal complaint, charging documents, documentation of the final disposition and sentence imposed, as well as documentation of your successful completion of any and all of the sentencing requirements that may have been imposed.***

THE FOLLOWING QUESTIONS MUST BE ANSWERED:	YES	NO
1. Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?		
2. If you answered yes to the above question, please provide the profession and state or jurisdiction.		
3. Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		
4. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
5. Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
6. Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felon or misdemeanor, including any drug law violations? Note: you are not required to disclose any ARD or other criminal matter that has been expunged by order of the court.		
7. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
8. Within five years prior to the issuance of the license in force, have you been convicted in a court of competent jurisdiction in this or any other state or in federal court of forgery, embezzlement, obtaining money under false pretenses, extortion, conspiracy to defraud or other like offenses, or at any time, have you been convicted in a court of competent jurisdiction in this or any other state or in federal court of a misdemeanor related to the profession of auctioneering or of any felony?		
9. Will you engage in online trading assistant consignment sales transactions?		

**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.

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**Signature**

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**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 Human Services (DHS), the licensing boards must provide to DHS information prescribed by DHS about the licensee, including the social security number.

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
STATE BOARD OF AUCTIONEER EXAMINERS  
P. O. BOX 2649  
HARRISBURG, PENNSYLVANIA 17105-2649  
717-783-3397

BOND # \_\_\_\_\_

# BOND

KNOW ALL PERSONS BY THESE PRESENTS, that the application for \_\_\_\_\_  
Auctioneer/Apprentice Auctioneer/Auction Company/Trading  
Assistant/Trading Assistant Company

\_\_\_\_\_, a/an \_\_\_\_\_, with business located at  
Name of Applicant Individual/Partnership/Association/Corporation/Limited Liability Company

\_\_\_\_\_  
Street

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

as PRINCIPAL, and \_\_\_\_\_ with a Certificate of Authority from the  
Name of Surety Company

Pennsylvania Insurance Department and located at \_\_\_\_\_  
Street

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

as SURETY, are held firmly bound unto the Commonwealth of Pennsylvania in the sum of \$5,000 (Five Thousand Dollars) lawful money of the United States of America, to be made payable to the said Commonwealth, for the use of the Commonwealth, its attorney or assigns, or any person or persons who may have a cause of action under the Auctioneer Licensing and Trading Assistant Registration Act (Act 88 of July 20, 2016), to which payment will and truly to be made, we do hereby bind ourselves, jointly and severally our heirs, executors, administrators, successors and assigns firmly by these presents. This agreement will continue in effect until written notification of cancellation by surety

SIGNED SEALED AND DELIVERED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

WHEREAS, the above-bounded Principal desires to operate or conduct the business of

\_\_\_\_\_  
Auctioneer/Apprentice Auctioneer/Auction Company/Trading Assistant/Trading Assistant Company

within the Commonwealth in accordance with the provisions of the Auctioneer Licensing and Trading Assistant Registration Act and the rules and regulations adopted under and pursuant thereto.

NOW, THEREFORE, the condition of this obligation is such that if upon and after issuance of such license the above-bounded Principal shall fully and faithfully observe the provisions of all the laws of this Commonwealth and the rules and regulations promulgated by the State Board of Auctioneer Examiners as a licensee then this obligation shall be void; otherwise, it shall remain in full force, virtue and effect.

And, the obligors, jointly and severally, for themselves, their heirs, executors, administrators, successors and assigns, do agree with the Commonwealth that upon violation of the said Act, and the rules and regulations promulgated by the State Board of Auctioneer Examiners, or the applicable rules and regulations of the Department, Board or Commission of the Commonwealth thereunder or of any laws of this Commonwealth, and upon the revocation of the licensure and upon forfeiture of the bond, aforesaid, or upon the recovery of a judgment and in execution of that judgment on the bond, as specified at §13(c) of the Act, for any such violation during the continuance of such license, the full amount of this bond shall be due and payable.

And we, and each of us, do hereby confess judgment against us and each of us for the penal sum of \$5,000 (Five Thousand Dollars), with cost of suit and release of all errors, without stay of execution, waiving inquisition and condemnation of any real estate, and we, and each of us, do hereby waive the benefit of any law or laws now in force, or which may hereafter become a force exempting property from levy and sale upon execution, and we do hereby empower any attorney, or the Prothonotary, of any Court of Record within this Commonwealth or elsewhere, to appear for us and each of us, to confess judgment as expressed, and for the entering of such judgment and so doing this shall be sufficient warrant; a copy of bond being filed in said action, it shall be necessary to file the original as a warrant, any law or rule of Court notwithstanding.

10/2016

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
PRINT NAME OF WITNESS

SURETY:

\_\_\_\_\_  
NAME OF SURETY COMPANY

\_\_\_\_\_  
SIGNATURE OF SURETY

\_\_\_\_\_  
STREET ADDRESS OF ATTORNEY- IN- FACT

(BUSINESS SEAL/STAMP)

\_\_\_\_\_  
CITY STATE ZIP CODE

**CERTIFIED COPY OF POWER OF ATTORNEY NOMINATING, CONSTITUTING AND APPOINTING SAID ATTORNEY-IN-FACT FOR SAID CORPORATE SURETY MUST BE ATTACHED HERETO. DATE OF SAID CERTIFICATION AND DATE OF EXECUTION OF BOND MUST AGREE.**