



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
INDIVIDUAL LICENSE APPLICATION**

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ANY OTHER NAMES EVER USED:			
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	- -
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # ()	FAX # ()	E-MAIL	
CRIMINAL BACKGROUND DISCLOSURE			
<i>NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.</i>			
1. Have you ever been convicted by any court of any crime? (circle one) NO YES			
If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.			
2. Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one) NO YES			
If yes, enclose a detailed explanation and copies of all documents.			
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Licensing and Registration will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.			
SIGNATURE		DATE	

Maine Board of Licensure of Auctioneers - Examination Application
Required Application Fee: \$150.00 See instructions on Page 2

Note to Applicants:

Auctioneer examinations are held approximately every other month at our office in Gardiner, Maine. After reviewing the examination schedule on our website (www.maine.gov/professionallicensing), please indicate the date you wish to take the exam:

Requested Examination Date: _____

Please note that examination applications must be received at least two weeks prior to the requested examination date.

Office Use Only:

AUC1447 - \$150.00

Office Use Only:

Check # _____

Amount: _____

Cash # _____

Lic. # _____

Issue Date _____

Exp. Date _____

PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:

NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
I authorize the Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my			
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	the following amount: \$ _____	
Card number:	<i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date	<i>mm / yyyy</i>
SIGNATURE		DATE	

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How long does it take to process an application?** You can check our website: www.maine.gov/professionallicensing. Your license will show up as PENDING at first; as soon as your status is ACTIVE you are authorized to practice.
- **How far back do I go answering the criminal question?** Any conviction, ever.
- **I can't find your examination schedule on the website. Can I call you and ask?** Yes. Call Deborah Fales at (207) 624-8521.

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Answer the criminal background disclosure questions
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.



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MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # ()	FAX # ()	E-MAIL	
CRIMINAL BACKGROUND DISCLOSURE			
<i>NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.</i>			
1. Have you ever been convicted by any court of any crime? (circle one) NO YES			
If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.			
2. Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one) NO YES			
If yes, enclose a detailed explanation and copies of all documents.			
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Licensing and Registration will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.			
SIGNATURE		DATE	

Maine Board of Licensure of Auctioneers - licensing application

Required Fee: \$271.00 (includes criminal records check fee)

Submit these two page only after you pass the Auctioneer exam.

Office Use Only:

AUC1421 - \$200.00
1446 - \$50.00
2619 - \$21.00

Note to Applicants:

Along with this application, you must include:

- \$10,000 surety bond, written to expire no sooner than March 31 of next year.
- Certificate of license history from any other jurisdiction in which you hold or have ever held an auctioneer's license.

Office Use Only:

Check # _____
Amount: _____
Cash # _____
Lic. # _____
Issue Date _____
Exp. Date _____

PAYMENT OPTIONS:			
Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:			
NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
I authorize the Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my			
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	the following amount: \$ _____	
Card number:	<i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date	<i>mm / yyyy</i>
SIGNATURE		DATE	

Applicant Name: _____

LICENSE HISTORY

Have you ever held a Maine auctioneer's license? NO YES **

Do you now hold OR have you ever held an auctioneer's license in any other state or jurisdiction? NO YES **

If yes, include with this application a certificate of good standing from each state and/or jurisdiction.

Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? NO YES **

** If yes to any question above, complete the following information:	1	2	3	4	5
Type of license held					
Licensing State					
License Expiration Date					
Date Suspended/Revoked					

ARE YOU A MAINE RESIDENT? IF SO, YOU MAY SKIP THIS SECTION.
IF YOU ARE NOT A MAINE RESIDENT, YOU MUST FILL OUT THE INFORMATION BELOW:

LEGAL RESIDENCE: *CITY AND STATE*

WHEREAS I have made application for a non-resident license to practice as an auctioneer in the State of Maine in accordance with the provisions of 32 M.R.S.A., Chapter 5-B; and

WHEREAS, pursuant to 32 M.R.S.A. §294 it is necessary for a non-resident license applicant to file an irrevocable consent to service agreement with the Director of the Office of Licensing & Registration within the Department of Professional and Financial Regulation;

NOW, THEREFORE, I hereby execute and file with the Director of the Office of Licensing & Registration this irrevocable consent that actions may be commenced against me in the proper court of any county in the State of Maine in which a cause of action may arise or in which the Plaintiff may reside, by the service of any process or pleadings authorized by the laws of the State of Maine on the Director of the Office of Licensing & Registration. Furthermore, it is hereby stipulated and agreed that service of the process or pleading on the Director shall be taken and held in all courts as valid and binding as if due service had been made upon me personally within the State of Maine.

IN WITNESS WHEREOF I have hereunto signed by name.

SIGNATURE

DATE

REFERENCES

I, the undersigned, serving as a reference to the applicant's good character to work as an auctioneer, hereby swear that I am no related to the applicant. I also attest that the applicant is trustworthy and competent to conduct auctions in a manner that safeguards the interests of the public and recommend that the type of license for which application is made be granted.

REFERENCE #1 - FULL LEGAL NAME *FIRST MIDDLE INITIAL LAST*

Street or PO Box

City State & zip

Phone number Email address

Signature Date

I, the undersigned, serving as a reference to the applicant's good character to work as an auctioneer, hereby swear that I am no related to the applicant. I also attest that the applicant is trustworthy and competent to conduct auctions in a manner that safeguards the interests of the public and recommend that the type of license for which application is made be granted.

REFERENCE #1 - FULL LEGAL NAME *FIRST MIDDLE INITIAL LAST*

Street or PO Box

City State & zip

Phone number Email address

Signature Date