

STATE OF MAINE DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION BOARD OF LICENSING OF AUCTIONEERS LICENSE APPLICATION

	APPL	CANT INFORMA	TION (please pr	int)	
FULL LEGAL NAME	FIRST	MIDDLE INITIA	L L	4ST	
ANY OTHER NAMES	EVER USED:				
DATE OF BIRTH	mm1 dd 1 yyyy	SOCIA	L SECURITY NUM	BER	
MAILING ADDRESS					
CITY	STATE	ZIP	COUN	ГҮ	
PHONE # ()	E-MAII				
Has any jurisdiction or denied your appl	Failure to disciplinary action taken disciplinary action ication for licensure? (ci	n against any professio rcle one)	ıl, fines, suspension d	and/or revocation of a license. d or have held, YES	
By my signature, I hereby submitting this application	, I affirm that the Office of Prostruthful and factual. I also up	ovided on this application of the solution of	nal Regulation will rely	the best of my knowledge and belief. By upon this information for issuance of my license ng denial, fines, suspension or revocation of my	
SIGNATURE			DATE		
\$10,000 suretyCertificate of	Note to A plication, you must include y bond, written to expire no license history from any of uctioneer's license.	pplicants: b: c: sooner than March 31	of next year.	Office Use Only: AUC 1421 - \$200.00 1446 - \$50.00 2619 - \$21.00 Office Use Only: Check #_ Amount: Cash #_ Lic. #_ Issue Date_ Exp. Date_ Exp. Date_	
Make chec	ks payable to "Maine State	PAYMENT OF Treasurer" - If you wis		ard or Visa, fill out the following:	
NAME OF CARDHOL	DER (please print) FII	RST	MIDDLE INITIAL	LAST	
MAILING ADDRESS	OF CARDHOLDER (pleas	e print)			
=	STERCARD the follo	ancial Regulation, Office wing amount: \$derstand that fees a		d Occupational Regulation to charge my	
Card number:	XXX-XXXX-XXXX-XXXX	<	Expiration Date	mm I yyyy	
SIGNATURE		DATE			

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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 ** 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 1 2 3 4 5 the following information: Type of license held Licensing State License Expiration Date Date Suspended/Revoked

ARE YOU A	MAINE RESIDENT?	NO '	YES

Frequently Asked Ouestions:

- 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.
- 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 (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 Professional and Occupational Regulation 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. Disclosure of your Social Security Number Is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 36 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(c)(2)(C)(i)). 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 disciplinary action disclosure question
- 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.

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION

Mailing Address: 35 State House Station, Augusta, Maine 04333 Courier/Delivery address: 76 Northern Avenue, Gardiner, Maine 04345 Phone: (207) 624-8521 TTY users call Maine Relay 711 Fax: (207) 624-8637 www.maine.gov/professionallicensing

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