

STATE OF MAINE

**BOARD OF LICENSING OF
AUCTIONEERS**

APPLICATION FOR LICENSURE



Department of Professional and Financial
Regulation

Office of Licensing and Registration
35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207) 624-8521
TTY/HEARING IMPAIRED (207) 624-8563
Email deborah.a.fales@state.me.us

Office located at: 122 Northern Avenue, Gardiner, Maine

BOARD OF LICENSING OF AUCTIONEERS INFORMATION BROCHURE

APPLICATION AND FEES

Your application for the examination must be submitted with a total fee of \$150.00 made payable to the **Maine State Treasurer**. This total fee consists of:

-\$50.00 application fee. This fee is non-refundable.

-\$100.00 examination fee. This fee is refundable if the Board denies an applicant's application to sit for an examination.

APPLICATION AND EXAM PROCESS

Information for all exam applicants:

1. The completed application must be submitted with the appropriate fees.
2. Applicant is mailed an examination admission letter approximately two weeks before the exam.
3. The Board administers the examination.
4. Examination results are mailed within one week to the applicant.
 - Passing applicants receive their exam results and information for licensing.
 - Failing applicants receive re-take information with their exam results.

Additional information for non-resident exam applicants:

1. All non-resident applicants must submit an Irrevocable Consent form with the application. Please call the office at (207) 624-8521 or Email deborah.a.fales@state.me.us if you do not receive this form with the application packet.
2. Applicants licensed in another state must provide a certificate of good standing from every state in which they are currently licensed with the application.

DEADLINES AND EXAM DATES

EXAMINATION DATE

November 10, 1999
January 12, 2000
March 15, 2000
May 10, 2000
July 19, 2000
September 13, 2000
November 15, 2000

DEADLINE DATE

October 27, 1999
December 31, 1999
March 1, 2000
April 26, 2000
July 5, 2000
August 30, 2000
November 1, 2000

All examinations will be held at the Gardiner Annex, Gardiner, Maine.

ADMISSION TO THE EXAM

An admission letter will be mailed approximately 2 weeks before the exam to each approved applicant who has submitted a completed application and correct fees prior to the deadline. The letter will show the specific date, time and location of the exam.

Only pre-registered applicants will be admitted to the exam. No walk-in applicants will be admitted.

Those applicants not appearing for their scheduled exam will forfeit their exam fees.

If you have not received an admission letter two days before the exam date, contact the Board of Licensing of Auctioneers immediately at (207) 624-8521 or email deborah.a.fales@state.me.us.

Please notify the Board of any change of address.

WHAT TO BRING TO THE EXAM

Be sure to bring one official photo bearing identification (such as a driver's license).

DESCRIPTION OF EXAMINATIONS

Exams are **closed book** consisting of 50 multiple-choice and true/false questions. The questions are taken directly from the statute and regulations of the Board of Licensing of Auctioneers. The minimum score required to pass is 80%.

CONTENT AREAS

- | | |
|-----------------------------------|---------------------------------|
| -Uniform Commercial Code | |
| -Definitions | -Conditions of Auction Sales |
| -Board Practice | -Contracts |
| -Technical Standards of Practice | -Exemptions |
| -Standards of Professional Ethics | -Licensing |
| -Unprofessional Conduct | -Limitation on Sale of Property |

REFERENCES FOR STUDY

[Auctioneer Statute Title 32, Chapter 5-B](#) and [Auctioneer Rules](#), [Uniform Commercial Code](#).

EXAM RESULTS AND LICENSURE INFORMATION

Your score is based on the number of questions you answer correctly. **You will not be given credit for any question which has been answered incorrectly, which has been left blank, or which has more than one answer marked.**

Your results will be mailed within one week after the exam date. To insure confidentiality, exam scores will not, under any circumstances, be given over the telephone.

Passing exam applicants are required to submit proof of a \$10,000 surety bond with the license fee in order to become licensed. A criminal history record check form (provided by the board) and separate \$8.00 check made payable to Maine State Treasurer must be included.

APPLICATION FOR EXAMINATION AND LICENSURE

FOR OFFICE USE ONLY

DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION

BOARD OF LICENSURE OF AUCTIONEERS

35 STATE HOUSE STATION AUGUSTA ME 04333-0035

PH (207) 624-8521 FAX (207) 624-8637 HEARING IMPAIRED (207) 624-8563

Amount _____

Check # _____

Cash # _____

\$150.00

IMPORTANT: In order for this application to be processed, you must submit a check in the amount of **\$150.00**, which represents a \$50.00 application fee and \$100.00 examination fee. The application fee is non-refundable and the examination fee will be returned if the application is denied. Please make check payable to the Treasurer, State of Maine. Please call **(207) 624-8521** with questions.

Social Security Number _____ - _____ - _____

The following statement is made pursuant to the Privacy Act of 1974, Section 7(B). Disclosure of your social security number is **mandatory**. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 M.R.S.A. Section 175 as authorized by the tax reform act of 1976 (42 U.S.C. Section 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 M.R.S.A. §191.

Print Name _____
(first) (middle initial) (last)

Mailing Address _____

City _____ State _____ ZIP _____ County _____

Home Phone # (____) / ____ / ____ Work Phone # (____) / ____ / ____

Date of Birth ____ / ____ / ____ Male Female

Legal residence (city) _____ (state) _____
(Non-residents must complete an Irrevocable Consent form.)

Have you ever held a Maine Auctioneer's license? NO YES (date: _____)

Do you currently hold an auctioneer's license in another state or jurisdiction? NO YES (if yes, include certificate of good standing from each state or jurisdiction.)

Have you ever been convicted of a crime other than a minor traffic violation? YES NO
If yes, please describe, in detail on a separate sheet, the date(s), crime(s) and submit a copy of the court judgement(s) as well as a letter explaining the circumstances surrounding your conviction.

Have you ever had a license revoked or suspended by this or any other state? NO YES
If yes, please complete the following:

STATE _____ DATE _____ REVOCATION/SUSPENSION DATE _____

STATE _____ DATE _____ REVOCATION/SUSPENSION DATE _____

STATE _____ DATE _____ REVOCATION/SUSPENSION DATE _____



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
BOARD OF LICENSING OF AUCTIONEERS
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

ANGUS S. KING, JR.
GOVERNOR

ANNE L. HEAD
DIRECTOR

TO: PROSPECTIVE APPLICANT
FROM: OFFICE OF LICENSING & REGISTRATION
RE: CRIMINAL RECORDS 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.

CRIMINAL HISTORY RECORDS CHECK PROCEDURE

Please complete the applicant information section and return it to the Board of Licensure of Auctioneers with your completed application and supporting documentation as may be necessary.

You must provide a separate check in the amount of \$8.00, made payable to Maine State Treasurer, as payment for your criminal history record check in addition to the licensing fees presently required. The Department of Public Safety will not accept Visa or MasterCard as payment for the Criminal History Record Check. Please note that the criminal history record will be returned to the licensing board, not the applicant.

Public Law Chapter 401, sec. W-1, amends Title 25 §1541, sub-§6 to allow the State Bureau of Identification to charge a fee to government organizations for services provided. Therefore, as of October 1, 1999 all criminal background checks of individuals are subject to a fee as determined by the Commissioner of Public Safety.

Deborah A Fales
Board of Licensing of Auctioneers
(207) 624-8521

PRINTED ON RECYCLED PAPER
(207) 624-8563 (HEARING IMPAIRED)

(207)624-8521 (OFFICE PHONE)

FAX: (207)624-8637

OFFICES LOCATED AT: 122 NORTHERN AVENUE, GARDINER, MAINE



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DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
BOARD OF LICENSURE OF AUCTIONEERS
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DIRECTOR

CRIMINAL HISTORY RECORD CHECK FEE: \$8.00
Make checks payable to: Treasurer, State of Maine
Submit this Application with License Application

APPLICANT INFORMATION

Name: _____
Last First Middle

Address: _____

Social Security/Federal I.D. #: _____ Date of Birth: _____

Any other names used: _____

Please return the criminal history record information or a notice of no record to the following:
REQUESTING AGENCY INFORMATION
(Office Use Only)

Contact Person: Deborah A Fales

Agency Name & Address: Board of Licensing of Auctioneers
35 State House Station
Augusta, Maine 04333-0035



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AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

Name of applicant: (fees being paid for)		
Mailing Address of applicant: (fees being paid for)		
City:	State:	Zip Code:
County:	Telephone #: () -	
Name of cardholder: (if other than applicant)		
Mailing Address: (if other than applicant)		
City:	State:	Zip Code:

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

Visa MasterCard _____

Expiration date: ____/____/____ in the amount of: \$ _____ **Card number**

Signature: _____ **Date:** ____/____/____

ACCOMMODATION REQUEST FORM

The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written permission.

Name _____

Street/PO Box _____

City _____ State _____ Zip _____

Phone () _____

Accommodations requested for the _____ examination.
(type of exam)

I will require (Check all that apply)

_____ Accessible testing site

_____ Braille _____ Large print _____ Tape

_____ Reader as accommodation for visual impairment

_____ Scribe/amanuensis as accommodation for visual or motor impairment

_____ Reader as accommodation for learning disability

_____ Sign Language Interpreter

_____ Extended time

_____ Time-and-a-half _____ Double time

_____ Other (specify time) _____

_____ Separate testing area

_____ Use of computer or other adaptive equipment (specify): _____

_____ Other _____

Comments _____

Applicant's Signature _____ Date _____

**Some accommodation requests may require additional documentation
(see reverse side)**

DOCUMENTATION OF DISABILITY RELATED NEEDS

If you have a learning disability, a psychological disability, or other hidden disability that requires special accommodation for testing, please have this section completed by the appropriate professional, ie., education professional, doctor, psychologist, psychiatrist, to certify that your disabling condition requires the requested test accommodation.

I have known _____ since _____ in my
(test applicant) (date)
capacity as a(n) _____.
(professional title)

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, he/she should be accommodated by providing the following (check all that apply):

_____ Taped test

_____ Large print test

_____ Reader

_____ Scribe/amanuensis

_____ Extended time:

_____ Time-and-a-half _____ Double time

_____ More than double time (please justify):

_____ Separate testing area

_____ Use of computer or other adaptive equipment (please specify)

_____ Other (please specify):

Signed: _____ Title: _____

Date: _____ License # (if applicable): _____

Phone: _____

IF YOU HAVE EXISTING DOCUMENTATION OF HAVING THE SAME OR SIMILAR ACCOMMODATION PROVIDED TO YOU IN ANOTHER TEST SITUATION, YOU MAY SUBMIT SUCH DOCUMENTATION INSTEAD OF HAVING THIS PORTION OF THE FORM COMPLETED.