



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

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 Professional and Occupational Regulation 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	

<h2 style="margin: 0;">Board of Licensing of Auctioneers - Exam Application</h2> <h3 style="margin: 0;">Required Application Fee: \$150.00</h3>	
<p style="text-align: center;">Note to Applicants:</p> <p>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:</p> <p>Requested Examination Date: _____</p> <p>Please note that examination applications must be received at least two weeks prior to the requested examination date.</p>	<div style="border: 1px solid black; padding: 5px; text-align: center;"> Office Use Only: AUC1447 - \$150.00 </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; font-size: small;"><i>Office Use Only:</i></p> Check # _____ Amount: _____ Cash # _____ Lic. # _____ Issue Date _____ Exp. Date _____ </div>

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 Professional and Occupational Regulation 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	

BOARD OF LICENSING OF AUCTIONEERS INSTRUCTIONS

EXAM PROCESS

1. You must submit the one page exam application (page 1) and nonrefundable fee at least two weeks before the exam date.
2. You will receive an exam admission letter approximately two weeks before the exam.
3. The exam is administered at the office of Professional and Occupational Regulation located at 76 Northern Avenue, Gardiner, Maine.
4. Your exam results will be mailed to you within one week after the exam date. Exam results will not be released over the telephone. You must score 80% or better to pass the exam.
5. After passing the exam, you must apply for an Auctioneer license within 90 days of the exam date by submitting the 2 page license application (pages 3-4).

Examination Content and Format:

The Auctioneer examination consists of 50 multiple-choice and true/false questions.

The examination questions are based on Maine Law and Board rules:

32 M.R.S.A., c. 5-B (Board of Licensure of Auctioneers)
10 M.R.S.A. Chapter 901 (Applicable sections are §8003 (5-A) *through* §8009);
11 M.R.S.A. §2 –328 (The Uniform Commercial Code – “Sale by Auction”) and,
Rules of the Board of Licensure of Auctioneers (Chapters 10, 30, 40 & 50).

QUESTIONS

If you have questions about the exam or the licensing process, please contact Deborah Fales (deborah.a.fales@maine.gov). You may also reach her at (207) 624-8521.



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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 Professional and Occupational Regulation 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	

Board of Licensing of Auctioneers - License Application

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

Submit license application only after you pass the Auctioneer exam.

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:

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

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 Professional and Occupational Regulation 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	

Board of Licensing of Auctioneers - License Application
 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 Professional and Occupational Regulation within the Department of Professional and Financial Regulation;

NOW, THEREFORE, I hereby execute and file with the Director of the Office of Professional and Occupational Regulation 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 Professional and Occupational Regulation. 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

I, the undersigned, serving as a reference to the applicant's good character to work as an auctioneer, hereby swear that I am not related to the applicant and that I have known the applicant for a period of at least one year. 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	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
Street or PO Box			
City	State & zip		
Phone number	Email address		
Signature	Date		

REFERENCE #2 - FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
Street or PO Box			
City	State & zip		
Phone number	Email address		
Signature	Date		

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 Fax: (207) 624-8637 Hearing Impaired: (888) 577-6690 Web: www.maine.gov/professionallicensing

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 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 (§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.