

Commonwealth of Virginia
 Department of Professional and Occupational Regulation
 9960 Mayland Drive, Suite 400
 Richmond, VA 23233
 (804) 367-8506
www.dpor.virginia.gov



Virginia Auctioneers Board
 AUCTIONEER LICENSE REINSTATEMENT APPLICATION

Fee \$105.00

A check or money order payable to the TREASURER OF VIRGINIA, or a completed credit card insert available at <http://www.dpor.virginia.gov/dporweb/forms/fin/creditcard.pdf> must be mailed with your application package.

APPLICATION FEES ARE NOT REFUNDABLE.

A COMPLETED AUCTIONEER SURETY BOND FORM AND EVIDENCE OF COMPLIANCE WITH THE CONTINUING EDUCATION REQUIREMENTS SET FORTH IN REGULATION 18 VAC 25-21-250 (EVIDENCE OF AT LEAST SIX HOURS OF BOARD APPROVED CONTINUING EDUCATION COURSES) MUST ACCOMPANY THIS LICENSE REINSTATEMENT APPLICATION.

1. What was your previous Virginia Auctioneer License Number?

Virginia Auctioneer License Number 29 Expiration Date _____

➔ If your license expired 2 or more years ago, you are required to re-apply for licensure on an *Auctioneer License by Examination Application* or *Auctioneer License by Reciprocity Application*.

2. Name ❁

Last First Middle Generation

❁ If you will be practicing as a sole proprietor practicing under a fictitious, trade or doing business as name, enter the name on the next line. If you will be practicing auctioneering through a corporation, partnership or other business entity (other than a sole proprietorship), you are required to submit an *Auctioneer Firm License Application* available from the Department of Professional and Occupational Regulation at (804) 367-8506 or www.dpor.virginia.gov.

Fictitious or Trade Name _____

3. Social Security Number or Virginia DMV Control Number * - -

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

4. Date of Birth _____

5. Street Address (PO Box not accepted) _____

City State Zip Code

➔ If you are using your business address, please include business name, full street address and any floor or suite numbers.

6. Mailing Address (PO Box accepted) _____

City State Zip Code

7. E-mail Address _____

8. Contact Number _____

Primary Telephone Alternate Telephone Facsimile

9. Did you perform any auctioneering activities in Virginia after your license expired?

No

Yes If yes, provide details.

FOR OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	APPLICATION #	FILE# / LICENSE #	ISSUE DATE
		\$105.00	4020			29	

10. Have you ever been subject to a disciplinary action imposed by any (including Virginia) local, state or national regulatory body?

No

Yes If yes, please provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.

11. Within the last five years, have you ever been convicted in any jurisdiction of **any felony or misdemeanor**? *Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.*

No

Yes If yes, list the misdemeanor and/or felony conviction(s). Attach your original criminal history record; a certified copy of the final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree, or case decision; and any other information you wish to have considered with this application (e.g., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation). If additional space is needed, attach a separate sheet of paper.

Certified copies of court records may be obtained by writing to the Clerk of the Court in the jurisdiction in which you were convicted. The address is available from your local police department.

Original criminal history records may be obtained by contacting the state police in the jurisdiction in which you were convicted. Virginia residents must complete a criminal history record request form in the presence of a notary public and mail it to the Department of State Police, Central Criminal Records Exchange, Post Office Box 27472, Richmond, VA 23261-7472.

By signing this application, you acknowledge that if you are not a Virginia resident, or move outside of Virginia while you hold a Virginia Auctioneer License, you understand that this application serves as a written power of attorney, whereby you appoint the Director of the Department of Professional and Occupational Regulation, and his/her successors in office, to be your true and lawful agent and attorney-in-fact, in your stead, upon whom all legal process against and notice to you may be served and who is hereby authorized to enter an appearance in your behalf in any case or proceedings arising out of the trade or profession practiced; and that by submitting this application you hereby agree that any lawful process against you which is duly served on said agent and attorney-in-fact shall be of the same legal force and validity as if served upon you.

12. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I will notify the Department if I am subject to any disciplinary action or convicted of any felony or misdemeanor charges (in any jurisdiction) prior to receiving the requested license. I certify that I understand, and have complied with, all the laws of Virginia related to auctioneer licensure under the provisions of Title 54.1, Chapter 6 of the *Code of Virginia* and the *Virginia Auctioneers Board Regulations*. I also certify that I understand this affidavit.

Signature _____

Date _____

Notarization

In the State of _____, City/County of _____, subscribed and sworn before me,

The undersigned Notary Public in and for the City/County aforesaid this _____, day of _____, 20 ____.

My commission expires the _____, day of _____, 20 ____.

Affix official seal here.

Signature of Notary Public