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 <u>TREASURER OF VIRGINIA</u>, *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 <u>AND</u> 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 provious Virginia Austic	noor Licon	so Numbor?			
1.	What was your previous Virginia Auctio		se number?			
	Virginia Auctioneer License Number	29		Expiration	-	
	→ If your license <u>expired 2 or more year</u> Examination Application or Auctioneer				on an <i>Auctione</i>	er License by
2.	Name *					
	Last	Fi		Middle		Generation
	If you will be practicing as a sole pro the next line. If you will be practicing sole proprietorship), you are require Professional and Occupational Regula	g auctioneerii d to submit	ng through a corpora an <i>Auctioneer Firm</i>	ation, partnership or othe <i>License Application</i> ava	er business entit	y (other than a
	Fictitious or Trade Name					
3.	Social Security Number or Virginia DM	V Control N	umber *		\neg - \neg	
* s	tate law requires every applicant for a license, certification	ate, registration	or other authorization to	engage in a business, trade, p	orofession or occupa	ntion issued by the
	ommonwealth to provide a social security number or a	i control number	r issued by the Virginia D	epartment 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	s, please incl	ude business name,	full street address and a	any floor or suite	numbers.
6.	Mailing Address (PO Box accepted)					
	-					
	_		City		State	Zip Code
7.	E-mail Address		-			
0	Contact Number					
Ö.	Contact Number Primary Tele	enhone	Altern	 ate Telephone	Fa	csimile
9. Did you perform any auctioneering activities in Virginia after your license expired?		·	1 4	Contino		
7.	No \	vides in vit	girila artor your noc	лос схриса.		
	Yes If yes, provide detai	ls.				
	. se yee, previde detail					
FOR OFFICE	DATE FEE TRANS CODE	ENTITY#	APPLICATION #	FILE# / LICEN	ISE#	ISSUE DATE
USE	\$105.00 4020			20		

regulatory body?	een subject to a disciplinary action	imposed by <u>any</u> (including Virginia) local, state or national
No		
	If yes, please provide a certified copy agency with lawful authority to issue such	of the final order, decree or case decision by a court or regulatory n order, decree or case decision.
guilty plea or plea adjudicated as a r	,	tted in any jurisdiction of any felony or misdemeanor ? Any osed on this application. Do not disclose violations that were
	copy of the final order, decree, or case of such order, decree, or case decision; application (e.g., information on the documentation of rehabilitation). If additing the convicted of the address is available from you original criminal history records may be observed. Virginia residents must complete	y conviction(s). Attach your original criminal history record; a certified decision by a court or regulatory agency with lawful authority to issue and any other information you wish to have considered with this status of incarceration, parole or probation; reference letters; onal space is needed, attach a separate sheet of paper. Since by writing to the Clerk of the Court in the jurisdiction in which you were relocal police department. Italianed by contacting the state police in the jurisdiction in which you were a criminal history record request form in the presence of a notary public and tentral Criminal Records Exchange, Post Office Box 27472, Richmond, VA
Auctioneer License, you un Department of Profession attorney-in-fact, in your ste enter an appearance in yo this application you hereby the same legal force and vo 12. I, the undersigned information that m subject to any disc receiving the reque auctioneer licensur	nderstand that this application serves as all and Occupational Regulation, and head, upon whom all legal process agains our behalf in any case or proceedings are agree that any lawful process against y alidity as if served upon you. If, certify that the foregoing statemedight affect the Board's decision to a ciplinary action or convicted of any ested license. I certify that I understated	Virginia resident, or move outside of Virginia while you hold a Virginia a written power of attorney, whereby you appoint the Director of the is/her successors in office, to be your true and lawful agent and st and notice to you may be served and who is hereby authorized to ising out of the trade or profession practiced; and that by submitting ou which is duly served on said agent and attorney-in-fact shall be of ents and answers are true, and I have not suppressed any approve this application. I will notify the Department if I am felony or misdemeanor charges (in any jurisdiction) prior to end, and have complied with, all the laws of Virginia related to Chapter 6 of the <i>Code of Virginia</i> and the <i>Virginia Auctioneers</i> offidavit.
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 afo	resaid this , day of , 20
My commission expires	the , day of	_ , 20
Affix official		
		Signature of Notary Public