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 FIRM LICENSE APPLICATION

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.

Select the **one** license action you are requesting on this application.

Type of Action	VA License No.	Trans	Fee	X
Original Firm License		1020	\$55.00	
Reinstatement of a Firm License		4020	\$115.00	

A CO	MPLETED AUCTIO	N FIRM SURET	Y BOND FO	ORM MUST ACC	OMPANY THIS LICEN	NSE APPL	LICATION.
1. F	Firm Name						
2. 1	Trade or Fictitious Nam	ne *					
\$	If a Trade or Fictition pursuant to § 59.1-69 or	is Name is to be u of the <i>Code of Virgii</i>	sed, a copy o	f the certificate filed luded with this applic	with the State Corporation cation.	n Commissio	on or locality
3. F	Federal Employer Iden	tification No.					
4. 5	Street Address (PO Box	k <u>not</u> accepted)					
(City, State, Zip Code	_					
5. N	Mailing Address (PO Bo	ox accepted)					
(City, State, Zip Code	_					
6. E	E-mail Address						
7. (Contact Numbers						
		Primary Teleph		Alternate ⁻	•		simile
					nia Auctioneers Board?	If you are r	einstating a
T	firm license, you are re	quired to meet all	current entry	, requirements.			
	No 🔲	N	N		5 minution Det		
0 7	Yes Virginia License Number Expiration Date						
9. I	Type of business (selection	ct only on e)					
	Partnership Association		If your bu	ucinose is a sala pre	prietorship, you cannot app	sly for a Eirm	Liconco on
	Limited Liability Cor	mnany \Box			apply for an Auctioneers Lic		
	Corporation				11.5		
10 l	•	horized (in accord	dance with th	ne laws of the Cor	nmonwealth of Virginia)	to conduct	husiness in
	Virginia?	1011200 (111 000010	Julioo viiii	le laws of the co.	illionwould or virgina,	to conduct	DUSINGSS III
	Yes 🗌						
	No If no	o, this application	n cannot be	processed.			
	All corporations and limi	ited liability companie	s (including out-	-of-state businesses) v	who wish to conduct business i	n Virginia mu	st register with
					th the Virginia Auctioneers Bo be submitted with this application		
	must also include the ce				o Submitted with this application	JII. Out 0. 5.	no businosses
Licens	sing section use only:	SCC Registration	n No.		Issue Date	Active?	Y N
FOR	DATE FEE	TRANS CODE	ENTITY #	APPLICATION #	FILE# / LICENSE #	!	ISSUE DATE
OFFICE		TRAIS CODE	LINIII I π	ALL LICATION #			ISSUL DATE
USE					2908		

11.	. Enter the name and title of a principal member of your business management (a registered agent, a partner of you partnership, an officer or director of an association, a manager of your limited liability company, or an officer of you corporation).							
•	First Name	Middle Nar	ne	Last Name		Generation		Title
12.	regulatory boo	iness ever been su dy?	ubject to discip	linary action ir	nposed by <u>any</u> (inc	cluding Vir	ginia) local,	state or national
	No				Alan Garah adalah al			
	Yes	regulatory age	ency with lawfu	I authority to is	the final order, descriptions that the such order, descriptions.	ecree or ca	ise decision	
13.		ess ever been cor ere must be disclos	, ,		any felony or mis	demeanoi	r? Any guill	ty plea or plea of
	No		,,					
	Yes If yes, list the felony and/or misdemeanor conviction(s). Attach the original criminal history record and any other information you wish to have considered with this application (i.e., information on the status of incarceration, parole or probation; reference letters; documents of rehabilitation; etc.). If necessary, you may attach a separate sheet of paper.							
					writing to the Clerk of	the Court in	the jurisdiction	n in which 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 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, PO Box 27472, Richmond, VA 23261-7472.							
a Virg appoi your serve trade which	ginia Auction F nt the Director true and lawful d and who is or profession is duly served I, the unders	cation, you acknow firm License, you of the Departmen agent and attorned hereby authorized practiced; and that I on said agent and igned, certify that	understand that of Profession y-in-fact, in you to enter an apt by submitting attorney-in-factoregoing	at this applicated and Occupated and Occupated and Occupated are stead, upon opearance in yellotte application and the statements are statements and occupated and occupated and occupated are statements are and occupated and oc	ion serves as a wational Regulation, whom all legal proour behalf in any on you hereby agrees ame legal force and answers are to	rritten pow and his/he cess again case or pr ee that an e and valid true, and	er of attorner successonst and notice oceedings and lawful produity as if serval have not	ey, whereby you rs in office, to be ce to you may be arising out of the cess against you red upon you. suppressed any
information that might affect the Board's decision to approve this application. I will notify the Department if the firm is 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 <i>Code of Virginia</i> and the <i>Virginia Auctioneers Board Regulations</i> . I also certify that I understand this affidavit.								
	Manager's Sig	gnature				Dat	е	
		gnature	Signature of	individual listed in	#11.			
	Notarization							
	In the State of			City/County of			, subscribed	and sworn
	Before me, the	e undersigned Nota	ary Public in ar	nd for the City/	County aforesaid th	his	day of	f
, 20								
	My commission	on expires the	, da	ay of		, 20 _		
	Affix official seal here. Signature of Notary Public							
					Signature of N	otal y r ubilc		