

APPLICATION FEES ARE NOT REFUNDABLE

➤ After you pass the examination, you will be required to submit a \$25 LICENSE FEE and evidence of a surety bond in a minimum amount of \$10,000 in order to become licensed.

1. Full Legal Name* (As it appears on your government issued ID or other legal documentation.)

_____ Last (required) _____ First (required) _____ Middle _____ Generation _____

Sole proprietors practicing under a fictitious, trade or doing business as name, must indicate the name on the next line.

Fictitious or Trade Name _____

- * If a Fictitious or Trade Name will be used, a copy of the certificate filed with the State Corporation Commission or locality pursuant to § 59.1-69 of the *Code of Virginia* must be included with this application.
- * 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.

2. Select at least **one** of the following identification numbers*:

Social Security Number and/or

____ - ____ - _____

Virginia DMV Control Number

_____|_____|_____|_____|_____|_____|_____|_____|

- Provide the same identification number as used on examination, previous applications or licenses on file with the department.
- * 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.

3. Date of Birth _____
MM/DD/YYYY

4. Mailing Address (PO Box accepted) _____
 The mailing address will be printed on the license. _____

City _____ State _____ Zip Code _____

5. Street Address (PO Box not accepted) Check here if Street Address is the same as the Mailing Address listed above.
PHYSICAL ADDRESS REQUIRED

City _____ State _____ Zip Code _____

➤ If you are using your business address, include business name, full street address and any floor or suite number.

6. Contact Numbers _____
Primary Telephone Alternate Telephone Fax

7. Email Address _____
 Email address is considered a public record and will be disclosed upon request from a third party.

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1020		2907	

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 on 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.

13. By signing this application, I certify the following statements:

- I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
- I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
- I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may desire. I also agree to present any credentials or documents required or requested by the Department.
- I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
- I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 6, of the *Code of Virginia* and the *Virginia Auctioneers Board Regulations*.

Signature _____ Date _____

EXAMINATION AGREEMENT

This statement from the Department of Professional and Occupational Regulation (DPOR) sets forth the terms and conditions under which DPOR will allow you to take this examination. You must carefully read the statement to acknowledge your understanding and acceptance of all the terms of this Examination Agreement. You will not be permitted to take the requested examination until after you have read and signed this Examination Agreement.

PROHIBITED CONDUCT

By taking this examination you agree that the following actions/behaviors constitute prohibited conduct and, if you are found to have engaged in any of the following actions/behaviors or aided or abetted another person in such conduct, you will be sanctioned as set forth in the final paragraph of this Examination Agreement:

1. Looking at another examinee's answer sheet/test booklet or communicating with another candidate during administration of the examination;
 2. Using unauthorized electronic devices, including but not limited to cell phones, smartphones, iPads, tablets, computers, audio recording devices, video recording devices, cameras, transmitters, receivers, and other communication devices;
 3. Using notes, sample tests, references, answer keys, calculators, manuals, note pads or other aids that have not been explicitly approved for use during the examination;
 4. Copying, recording, or transmitting, or attempting to copy, record, or transmit, examination items, questions, answers or other content in any form (includes writing in authorized reference materials during open book exams, writing in or on unauthorized note or scratch pads, etc.);
 5. Sharing any examination content with another person before, during, or after the examination;
 6. Reconstructing or attempting to reconstruct from memory any examination content for any purpose;
 7. Receiving, soliciting or possessing current or prior examination content from a person who was not explicitly authorized in writing by DPOR to share the examination content;
 8. Communicating with any person before, during or after the examination about specific examination items, questions, answers, or other confidential examination content;
 9. Exhibiting irrational or disruptive behavior at the examination site;
 10. Continuing to fill in answer sheets or answer test questions after time has been called;
 11. Impersonating or attempting to impersonate an examination candidate or using or attempting to use false identification to take an examination - only the person named on the examination application/answer sheet is authorized to take the examination and his/her correct name must be signed on the examination;
 12. Allowing another person to take or attempt to take an examination - only the person named on the examination application/answer sheet is authorized to take the examination;
 13. Failure to follow any provision of the Candidate Information Bulletin/Handbook or instructions given at the examination site; and
 14. Any non-compliance with § 54.1-102 of the *Code of Virginia*.
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ACKNOWLEDGEMENT AND ACCEPTANCE

I have read and understand the provisions of this Examination Agreement and agree to be bound by all of its terms. I further understand that a breach of this Examination Agreement may subject me to sanctions including, but not limited to, expulsion from the examination, the voiding of my scores, the denial of my application, revocation of my license, the restriction or prevention of my ability to take the examination again, and may expose me to litigation for recovery of expenses for the development of a new examination.

I understand that any persons violating any of the provisions of § 54.1-102 of the *Code of Virginia* by unlawfully assisting another to take an examination or obtain a license may be subject to criminal penalties which may include jail time and/or fines. I further understand that if I am expelled from the examination for any reason, my examination fees will be forfeited. Finally, I agree to cooperate in any investigation of prohibited conduct, if so requested, and provide true, accurate, and complete information.

Candidate's Name (please print) _____

Candidates Identification Number _____

Name of Examination _____

Candidate's Signature

Date