



Apprentice Auctioneer Application

NAME OF APPLICANT:

LAST FIRST MIDDLE INITIAL

APPLICANT'S ADDRESS:

STREET CITY STATE COUNTY ZIP CODE

HOME PHONE: ( )

DATE OF BIRTH: SOC. SEC. #:

SPONSOR'S BUSINESS ADDRESS:

STREET CITY STATE COUNTY ZIP CODE

- 1. HAS ANY OCCUPATIONAL OR PROFESSIONAL LICENSE HELD BY YOU, EVER BEEN DISCIPLINED, SUSPENDED OR REVOKED IN THIS OR ANY STATE? IF YES, ATTACH STATEMENT GIVING DETAILS.
2. HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION, OR IS THERE ANY CRIMINAL CHARGE NOW PENDING AGAINST YOU? IF YES, ATTACH STATEMENT GIVING DETAILS.
3. ARE THERE ANY UNSATISFIED LEGAL JUDGMENTS AGAINST YOU? IF YES, ATTACH STATEMENT GIVING DETAILS.
4. ARE YOU A RESIDENT OF OHIO? IF YES, COUNTY OF RESIDENCE:

SPONSOR CERTIFICATION

I hereby certify that I find investigations made by me, that \_\_\_\_\_, Applicant for an apprentice auctioneer's license is honest, truthful, of good reputation and trustworthy character, and recommend that a license be granted to the applicant. In the event a license is issued to him/her, then I, the sponsoring auctioneer with whom applicant will be associated, assume complete responsibility for applicant's acts within the scope of his/her auctioneering activities. I understand that the applicant must serve an apprenticeship of at least twelve months, successfully complete, a course of study in auctioneering at an institution approved by the State Auctioneers Commission, and conduct, as a bid caller, at least twelve (12) auction sales under my direct supervision before being eligible to obtain his/her auctioneer license. I understand that I may be a sponsor of no more than two apprentice auctioneers at the time and that I must be licensed and in good standing for a period of at least two years.

SPONSORING AUCTIONEER'S NAME (TYPE OR PRINT)

SIGNATURE OF SPONSORING AUCTIONEER

SPONSORING AUCTIONEER'S LICENSE NUMBER

AFFIDAVIT

The undersigned in making this application to the Ohio Department of Agriculture for an apprentice Auctioneers license under the provisions of Chapter 4707 of the Ohio Revised Code, swears and affirms that he/she has read and is thoroughly familiar with the provision of the aforementioned act and agrees to fully comply with them. The undersigned further swears that all of the information given in this application is true and to the best of his/her knowledge and belief.

SIGNATURE OF APPLICANT

SUBSCRIBED AND SWORN TO ME BEFORE THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2\_\_\_\_\_.

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

MY COMMISSION EXPIRES: \_\_\_\_\_

(NOTARY SEAL)

SIGNATURE OF NOTARY: \_\_\_\_\_

PAYMENT REQUIRED:

Remittance of \$115.00 application fee payable to the Treasurer, State of Ohio must be enclosed.

Payment by check or money order only:

Payment Method: [ ] Check # \_\_\_\_\_ [ ] Money Order

Amount: \$ [ ] [ ] , [ ] [ ] [ ] . [ ] [ ]