



ONE TIME AUCTIONEER APPLICATION

Date of Auction: _____

PLEASE REFER TO INSTRUCTIONS (Form 3601-018) BEFORE COMPLETING APPLICATION

1. Applicant Name: _____

2. DBA (Doing Business As): _____

Second DBA (if applicable): _____

Attach 2" x 2" photo here. Must have been taken within the past 60 days. Face shot only.

For each DBA or fictitious name listed, submit:

- An "Auctioneers Certification of Lawful Use of Name" form, and
A copy of the fictitious name certificate issued by the Ohio Secretary of State

3. Address: _____

City/State/Zip: _____

County: _____ Telephone: () _____

4. Has any license held by applicant or any member of your partnership, corporation, or association for any business or profession in this or any other state, district or possession, been disciplined, suspended, revoked, or been denied upon initial application or renewal?

YES NO If yes, attach a statement giving details

5. Are there any pending disciplinary actions against the applicant or any member of your partnership, corporation, or association for any business or profession in this or any other state, district or possession

YES NO If yes, attach a statement giving details

6. Are there any unsatisfied judgments against you?

YES NO If yes, attach a statement giving details

7. Have you are any other partner, associate, or officer ever been convicted of any criminal offense, or is there any criminal charge now pending against you or any member of your partnership, corporation or association, in any court?

YES NO If yes, attach a statement giving details

8. Have you served at least 12 complete months as an apprentice?

YES NO If yes, provide date of initial licensure _____

9. Name of bank or savings association where applicant has trust account for the auction business:

Address: _____

City/State/Zip: _____

Trust Account No.: _____

10. FOR USE BY INDIVIDUAL APPLICANT ONLY

- A. Home Address: _____
- B. City/State/Zip: _____
- C. County of Residence: _____
- D. Day Phone: () _____ Evening Phone () _____
- E. Date of Birth: _____ Social Security No.: ____-____-____
- F. Are you a: Real Estate Broker Real Estate Sales Associate Neither
- G. State of Residence: _____
- H. List employment for preceding five (5) years, most recent first:

AFFIDAVIT

State of: _____
County of: _____

The undersigned in making this application to the Ohio Department of Agriculture for an auctioneer under the provision of the Ohio Auctioneer Act, 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 and affirms that all of the information given in this application is true to the best of his/her knowledge and belief.

Signature of Applicant: _____

Subscribed and sworn to before me this _____ day of _____, 20__

Signature of Notary