

AUCTIONEER LICENSE & BACKGROUND CHECK APPLICATION

MISSISSIPPI AUCTIONEER COMMISSION

Post Office Box 50, Morton, MS 39117

601-750-4909

Website: www.auctioneers.ms.gov; Email: support@auctioneers.ms.gov

AUCTIONEER	<input type="checkbox"/> MISSISSIPPI RESIDENT- Examination Required
	<input type="checkbox"/> OUT-OF-STATE RECIPROCAL
	<input type="checkbox"/> OUT-OF-STATE NON-RECIPROCAL – Examination Required

IF YOU OWN AN AUCTION ESTABLISHMENT (FIRM), PLEASE CHECK ALL THE APPROPRIATE BLANKS BELOW:

NOT APPLICABLE, I do not own an establishment [firm].

a. _____ I am the owner of an auction facility [firm] OR if the auction firm is a corporation or partnership, I am an officer of record;

b. _____ I serve as the auctioneer and firm manager on behalf of the auction facility [firm].

If you check both "a" and "b" above, you are NOT required to have a MISSISSIPPI FIRM LICENSE

If you did not check "a" above, then the OWNER MUST COMPLETE the application and pay the required fees for licensing the firm.

Pursuant to the provisions of the Military Family Freedom Act, Mississippi shall recognize occupational licenses obtained from other states for military members and their families. [§73-50-1 et seq.] Effective July 1, 2020 (Bill authors indicated that this applies to ACTIVE military members and their families only)

Are you an active member of the military? YES _____ NO _____

Are you a member of an active military family? YES _____ NO _____

§73-50-2 Pursuant to the provisions of the Universal Recognition of Occupational Licenses Act, Mississippi shall recognize occupational licenses obtained from other states.

<u>NOTICE ALL FEES ARE NON-REFUNDABLE</u>		
Once the application has been filed and processed, the application fee will not be refunded. - An application and fee are only good for thirty (30) days. If all application requirements are not met within thirty (30) days, you will be required to submit a new application and fee. - All license fees are renewed on a biennial basis and expire on March 1st of odd numbered years.		
FEES		
	\$300.00	Mississippi Resident Fee (Application and Examination - \$100; License - \$200)
	\$550.00	Out of State Fee (Application - \$100; Vendor - \$250; and License - \$200)
All applicable fees must be mailed with application. Only cashier's checks or money orders accepted.		

In this space, attach a clear, full face photo of head and shoulders taken within the past six months, 2" x 2" size.

Read the application and accompanying instructions carefully. Answer ALL questions completely. If additional space is needed for an answer, attach a separate sheet indicating the section and/or number to which the information applies. Date and sign any such attached sheets.

Send completed form to the Mississippi Auctioneer Commission at the above address along with the materials listed in Section B, Line 4 if you answered "yes" to any questions in Section B.

SECTION A				APPLICANT INFORMATION			
LEGAL LAST NAME	LEGAL FIRST NAME	LEGAL MIDDLE NAME	DATE OF BIRTH (month/day/year)				
				/ /			
If you do <u>not</u> own a <u>business establishment</u> , but operate under a name other than the name identified above, provide the name(s):							
PERSONAL MAILING ADDRESS				BIRTHPLACE (CITY/COUNTY/STATE)			
CITY				STATE		ZIP	
RESIDENCE STREET ADDRESS, CITY, STATE, ZIP (IF DIFFERENT THAN ABOVE)							
EMAIL ADDRESS						U.S. CITIZEN	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
LIST ALL STATES LIVED IN PAST 5 YEARS							
LIST ANY OTHER NAMES EVER USED INCLUDING NICKNAMES, ALIASES, MAIDEN, PRIOR MARRIED, ETC.							
SOCIAL SECURITY NO.		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		HOME PHONE		CELL PHONE	

EDUCATION			
Elementary School <input type="checkbox"/> YES <input type="checkbox"/> NO	High School <input type="checkbox"/> YES <input type="checkbox"/> NO	GED <input type="checkbox"/> YES <input type="checkbox"/> NO	College <input type="checkbox"/> YES <input type="checkbox"/> NO
Name of Auctioneer School		Date of Graduation	

SECTION B		BACKGROUND QUESTIONS	
1	Criminal Disclosure	YES	NO
	a) Have you ever been convicted* of any felony or misdemeanor criminal offense? **	<input type="checkbox"/>	<input type="checkbox"/>
	b) Are you currently under investigation, indictment, awaiting trial, verdict or sentencing in any criminal proceeding? **	<input type="checkbox"/>	<input type="checkbox"/>
	c) Do you have any criminal arrest or citation, which has yet to be adjudicated? **	<input type="checkbox"/>	<input type="checkbox"/>
	d) Are you a fugitive from justice?	<input type="checkbox"/>	<input type="checkbox"/>
	e) Are you presently on parole or probation or paying any restitution or fine?	<input type="checkbox"/>	<input type="checkbox"/>
	* 'Convicted' includes a guilty or 'no contest' plea, verdict of guilty by a judge or jury, or a forfeiture of bail. All convictions must be disclosed, even if they were later dismissed, a diversion program completed, or occurred when a minor. ** Include major traffic violations such as DUI, reckless driving, or driving while suspended or uninsured.		
2	Regulatory Disclosure (trade, occupation or profession)	YES	NO
	a) Have you ever had a license or registration fined, reprimanded, suspended, involuntarily terminated, revoked or otherwise subject to any type of disciplinary action whether or not you were ultimately sanctioned? *	<input type="checkbox"/>	<input type="checkbox"/>
	b) Have you ever surrendered or allowed to expire a license or registration, or were permitted to resign after allegations were made against you, in connection with or while under investigation, or while an action was pending? *	<input type="checkbox"/>	<input type="checkbox"/>
	c) Are you currently under investigation, involved in a hearing, trial, administrative proceeding or other action by the authority that issued the license or registration? *	<input type="checkbox"/>	<input type="checkbox"/>
	d) Have you ever received an adverse decision or judgment against you in a criminal, civil, or administrative action related to your business or professional activities? *	<input type="checkbox"/>	<input type="checkbox"/>
	e) Have you ever acted, or attempted to act, in a regulated profession at a time when you were not licensed or legally authorized? *	<input type="checkbox"/>	<input type="checkbox"/>
	f) Have you ever had an application for a license or registration denied or issued with restrictions or limitations? *	<input type="checkbox"/>	<input type="checkbox"/>
	g) Have you ever been terminated from any employment for burglary, embezzlement, larceny, piracy, robbery, shoplifting, arson, theft, fraud, or dishonesty?	<input type="checkbox"/>	<input type="checkbox"/>
* Include if you were a participant in a partnership, corporation, or other business entity that was the subject of such action.			
3	Civil & Financial Disclosure	YES	NO
	a) Have you ever received an adverse decision or judgment against you related to a real property matter? *	<input type="checkbox"/>	<input type="checkbox"/>
	b) Do you have any unsatisfied judgments or liens against you? *	<input type="checkbox"/>	<input type="checkbox"/>
	c) Are you currently in arrears for child support? *	<input type="checkbox"/>	<input type="checkbox"/>
	d) Have you filed bankruptcy (personal or professional) in the past ten years? *	<input type="checkbox"/>	<input type="checkbox"/>

	e) Are you currently awaiting trial or a Court verdict in any civil proceedings (not including divorce or child custody)? *	<input type="checkbox"/> <input type="checkbox"/>
	Include if you were a participant in a partnership, corporation, or other business entity that was the subject of such action.	
4	If you answered "yes" to any of the questions in this section, you must send the following with this application	
	a) A detailed, written statement of explanation. Include dates, location, involved agencies and/or courts, nature, circumstances and disposition. Date and sign your written statement.	
	b) If the incident(s) occurred in the past ten years, copies of official documents that confirm the nature and current status or disposition. Documents not required for bankruptcy (still must submit a above). You may attach additional information for consideration during the background check process.	
5	You must have two (2) persons (not related) attest that you are worthy of public trust in performing auction services. Refer to Pages 8 and 9 for completion.	

SECTION C		LICENSE HISTORY			
Have you previously submitted any application information to, been tested by or licensed with the Mississippi Auctioneer Commission?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
List all licenses or registrations you have ever held to engage in any regulated occupation, trade, or profession. Include any pending or denied applications.					
STATE	TYPE	LICENSE NUMBER	DATE ISSUED	CURRENT YES NO	
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
Please request a letter of good standing from EACH state that you are currently licensed in. Request that this letter be sent via email, fax or mail directly from the state of jurisdiction. This is required for licensing.					

SECTION D		EMPLOYMENT HISTORY		
Are you presently employed?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
List all places of employment during the past (5) years, listing your current employer first. If you are self-employed, provide detail				
1. Name of Company	City	State	Zip	
Position Held	From Month/Year	To Month/Year	Duties	
2. Name of Company	City	State	Zip	
Position Held	From Month/Year	To Month/Year	Duties	
3. Name of Company	City	State	Zip	
Position Held	From Month/Year	To Month/Year	Duties	
4. Name of Company	City	State	Zip	

Position Held	From Month/Year	To Month/Year	Duties
5. Name of Company	City	State	Zip
Position Held	From Month/Year	To Month/Year	Duties

SECTION E		BOND INFORMATION	
Name of Bonding Company			
Agent's Name			
Agent's Phone			
Agent's Email			
Issue Date			
Expiration Date (If continuous, please state)			
<p>The Mississippi Auctioneer Commission Bond must be completed by the bond agent and returned (along with the Power of Attorney) within 30 days of application submittal. No license(s) will be issued until received. The Bond form can be located under the "Forms" tab on the website (www.auctioneers.ms.gov).</p>			

SECTION F		REQUIRED ATTACHMENTS AND STATEMENTS	
I have attached an official copy of my current voter registration card. If a card is not available, submit validation from the Circuit Clerk in your county stating that there is not one available.	<input type="checkbox"/> YES <input type="checkbox"/> NO		
I have attached a clear photocopy of your driver's license.	<input type="checkbox"/> YES <input type="checkbox"/> NO		
I have read the Mississippi Auctioneer License Law and the Rules and Regulations of the Mississippi Auctioneer Commission.	<input type="checkbox"/> YES <input type="checkbox"/> NO		

SECTION G ACKNOWLEDGEMENT, CONSENT & SIGNATURE

Read this section carefully before signing below.

The undersigned applicant hereby applies to the Mississippi Auctioneer Commission for an Auctioneer License under the provisions of Mississippi Law passed during the 1995 Legislative Session, Book 1, Chapter 405, Section 1 through 27, Code of Mississippi, 1995 and the Rules and Regulations, as amended, by the Mississippi Auctioneer Commission, Section 73-4-1. § 73-4-3 (c) states "Auctioneer" means any individual who is engaged in, or who by advertising or otherwise holds himself out as being available to engage in the calling for, the recognition of, and the acceptance of, offers for the purchase of goods or real estate at an auction.

I understand it is my responsibility to read the accompanying instructions thoroughly and to submit a complete application, including required documents and fees. If the information developed by MISSISSIPPI AUCTIONEER COMMISSION requires the submission of additional information, it is my responsibility, upon request by MISSISSIPPI AUCTIONEER COMMISSION, to provide the requested information. I further understand that failure to do so may cause my application to be considered incomplete which will result in termination of this application.

I understand and acknowledge that submission of this signed application authorizes the MISSISSIPPI AUCTIONEER COMMISSION to require a background check through and receive information from any source relating to any arrest or criminal history information of record.

I further understand MISSISSIPPI AUCTIONEER COMMISSION has access to and may receive information from a nationwide data bank regarding licensing and disciplinary action information.

I authorize all past and present employers, business associates, agencies and any other person to furnish to MISSISSIPPI AUCTIONEER COMMISSION or its representatives, any information they have, including without limitation my credit worthiness, character, ability, business activities, general reputation, history of employment and, in the case of former employers, complete reasons for my termination.

I further understand that if I am otherwise qualified, I will not be considered for licensure until the background check process and review has been completed. If I have successfully completed the background check process and review but do not successfully complete the remaining requirements of the licensing process within twelve months from the date of the successfully completed background check process and review, the successfully completed background check process and review is no longer valid.

I certify that my answers on this application and accompanying documents are true, correct, and complete to the best of my knowledge. Any information found to be knowingly or negligently misrepresented, incomplete or inaccurate, will be grounds for licensing application denial, suspension or revocation. Failure to disclose pertinent information will cause substantial delays in the process and may result in licensure denial.

The undersigned applicant also understands that this license will expire on March 1 in odd numbered years regardless of the original date of issue. There are no prorated fees for partial licenses less than two (2) years.

Original Signature of Applicant

Date

Affidavit of Applicant:

This Affidavit is to be executed by the applicant before a Notary Public.

The undersigned, in making this application to the Mississippi Auctioneer Commission, does hereby swear or affirms that he/she is the applicant named herein and that the answers and the information contained herein are true to the best of his/her knowledge and belief.

Signature of Applicant

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

My commission expires _____.

Notary seal

Notary Public

STATEMENT OF REFERENCE

I, _____, do hereby certify that I am not related to _____, the foregoing applicant: that I have owned real estate in _____, County, State of _____, for the past two years, that I have been personally acquainted with the applicant in _____, County, State of _____, for the past two years, and that I know that the applicants bears a good reputation for honesty, truthfulness and fair dealing, and that he/she is competent to transact the business of an Auctioneer, in such a manner as to safeguard the interest of the public, and I do hereby recommend that license be granted to the applicant.

Signature: _____

Address: _____

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

Notary Public

Notary Public in and for _____ **County.**

Notary Seal

My Commission Expires: _____

STATEMENT OF REFERENCE

I, _____, do hereby certify that I am not related to _____, the foregoing applicant: that I have owned real estate in _____, County, State of _____, for the past two years, that I have been personally acquainted with the applicant in _____, County, State of _____, for the past two years, and that I know that the applicants bears a good reputation for honesty, truthfulness and fair dealing, and that he/she is competent to transact the business of an Auctioneer, in such a manner as to safeguard the interest of the public, and I do hereby recommend that license be granted to the applicant.

Signature: _____

Address: _____

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

Notary Public

Notary Public in and for _____ County.

Notary Seal

My Commission Expires: _____