



**Virginia Auctioneers Board
 AUCTION FIRM LICENSE APPLICATION**

**A check or money order payable to the TREASURER OF VIRGINIA,
 or a completed credit card insert must be mailed with your application package.**

APPLICATION FEES ARE NOT REFUNDABLE.

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

X	Type of Action	Virginia License Number	Trans	Fee
<input type="checkbox"/>	Original Firm License		1020	\$55.00
<input type="checkbox"/>	Reinstatement of a Firm License		4020	\$115.00

A COMPLETED AUCTION FIRM SURETY BOND FORM MUST ACCOMPANY THIS LICENSE APPLICATION.

➤ Does the firm have an **expired** auction firm license issued by the Virginia Auctioneers Board? If you are reinstating a firm license, you are required to meet all current entry requirements.

No

Yes Virginia License Number Expiration Date _____

1. Firm/Business Name _____
 ➤ If you will be practicing auctioneering through a sole proprietorship, you are required to submit an Auctioneer by Examination or Reciprocity License Application available from the Virginia Auctioneers Board at <https://dpor.virginia.gov/Boards/Auctioneers>.

2. Trade, "Doing Business As" (DBA) or Fictitious Name [▲] _____
 ▲ If a Trade or Fictitious Name is to 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.

3. A. Type of business entity (select only **one**)
 ➤ If your business is a **sole proprietorship**, you **cannot** apply for a Firm License on this application. You must apply for an Auctioneers License by Examination or Reciprocity Application.

- General Partnership Corporation ♦ Limited Partnership ♦
 Limited Liability Company ♦ Other, please specify: _____

Other: Association, Business Trust, Government Agency, Joint Venture, Limited Liability Partnership, Non Profit, Professional Corporation, Professional Limited Liability Company, or Sole Proprietor (Non-Broker Owned)

B. State Corporation Commission Number: _____

Required Attachment: *Certified true copies of the articles of incorporation, bylaws, and charter issued by the Virginia SCC must be submitted with this application. Out-of-state businesses must also include the certificate of authority issued by the Virginia SCC.*

♦ If your firm/business is a **corporation, limited liability company, or limited partnership**, your business/trade name(s) must be registered with the Virginia State Corporation Commission (including all out-of-state businesses). Firm/Businesses shall be organized as business entities under the laws of the Commonwealth of Virginia or otherwise authorized to transact business in Virginia. Firm/Businesses must register any trade or fictitious names with the State Corporation Commission or the clerk of court in the county or jurisdiction where the business is to be conducted. For additional information, contact the SCC at <https://scc.virginia.gov> or by phone at (804) 371-9733.

4. Provide the Business Federal Employer Identification Number (FEIN): -
 Federal Employer Identification Number (12-3456789)

Board Use Only	SCC REGISTRATION NO.		ISSUE DATE	ACTIVE? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
OFFICE USE ONLY					2908	

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

 City State Zip Code

6. 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

7. Contact Numbers _____
 Primary Telephone Alternate Telephone Fax

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

9. Enter the name and title of a **principal member of your firm's management** (a registered agent, a partner of your partnership, an officer or director of an association, a manager of your limited liability company, or an officer of your corporation).

 Name Title

10. Provide the following information for **all members** of the firm's officers, directors or owners (i.e., the officers and/or directors of your association, the managers or members of your limited liability company, or the officers of your corporation):

Individual's Full Legal Name	Title	Address	Social Security No. or VA DMV Control No.*	Date of Birth

* 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.

11. Has this firm or anyone listed on this application (owner) ever been found by any regulatory board, agency, or jurisdiction to have violated any applicable regulations or laws in the course of performing auctioneer duties in connection with a **disciplinary action** (including Virginia)?
 No
 Yes If yes, complete the [Disciplinary Action Reporting Form](#).

12. A. Has this **firm or anyone listed on this application (owner)** ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **felony**? *Any plea of nolo contendere shall be considered a conviction.*
 No
 Yes If yes, complete the [Criminal Conviction Reporting Form](#).

B. Has this **firm or anyone listed on this application (owner)** ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of a non-marijuana **misdemeanor** involving moral turpitude? *Any plea of nolo contendere shall be considered a conviction.*
 No
 Yes If yes, complete the [Criminal Conviction Reporting Form](#).

By signing this application, you acknowledge that if you are not a Virginia resident, or move outside of Virginia while you hold a **Virginia Auction Firm 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 contact. 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 Regulations Governing Auctioneers*.

Manager's Signature:

Print Name _____ Title _____

Signature _____ Date _____

Signature of individual listed in question #9.

REQUIRED ATTACHMENTS: Check the following attachment(s) if included with this application package.

- A completed [Auctioneer Firm Surety Bond Form](#) must be submitted along with this application prior to a license being issued.
- If a Trade or Fictitious Name is to 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.
- Certified true copies of the articles of **incorporation, bylaws, and charter** issued by the Virginia SCC must be submitted with this application. Out-of-state businesses must also include the certificate of authority issued by the Virginia SCC.

Mail this application, along with your application fee to the address listed below.
Make checks payable to the *Treasurer of Virginia* or use the credit card payment form available
at <https://dpor.virginia.gov/FormsAndApplications> to the following address:

Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, VA 23233-1485