Commonwealth of Virginia Department of Professional and Occupational Regulation 9960 Mayland Drive, Suite 400 Richmond, Virginia 23233-1485 (804) 367-8506

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www.dpor.virginia.gov

## Virginia Auctioneers Board **AUCTIONEER - UNIVERSAL LICENSE RECOGNITION (ULR) APPLICATION**

DPOR may require an individual seeking a professional or occupational licensure or government certification pursuant to the Code of Virginia, §54.1-205 to pass an examination specific to relevant state laws.

> 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 one license type you are requesting:

**License Type** 

|   | 2907 - Licensed                 |      | 1021    | \$25.00 |  |  |
|---|---------------------------------|------|---------|---------|--|--|
| Ī | 2907 - Unlicensed - ULR by exam | 1005 | \$25.00 |         |  |  |
|   | 1/ 0% ( ) 11 0 18 1             | _    |         | , , ,   |  |  |

|                       |  | [ _ ] 290  | / - Unlicensed - l                             | JLR by exam       |             |          |         |                   | 1008     | 5        | \$25.0  | 0      |                   |        |                  |
|-----------------------|--|--|--|-------------------|-------------|----------|---------|-------------------|----------|----------|---------|--------|-------------------|--------|------------------|
| 1.                    | Have you <u>ever</u> Regulation? No \( \subseteq  Y  | held a licens<br>∕es □                           | se and/or cert                                 | ficate issued     | by the      | e Vir    | ginia   | a Dep             | oartn    | nent     | of F    | Profe  | ssiona            | ıl and | Occupationa      |
| 2.                    | Full Legal Name  | e (As it appea                                   | ars on your gov                                | ernment issue     | d ID or     | other    | lega    | al doc            | umer     | ntatio   | on.)    |        |                   |        |                  |
|                       | Last (required)  |  | First  | (required)        |             |          |         |                   | liddle   |          |         |        |                   |        | Generation       |
| 3.                    | Provide at least   | one of the fo                                    | llowing identif                                | ication numb      | ers*:       |          |         |                   |          |          |         |        |                   |        |                  |
|                       | Social Sec   | curity Number                                    | r and  |                   |             |          | ] -     |                   |          | -        |         |        |                   |        |                  |
|                       | Virginia D   | MV Control Nu                                    | ımber  |                   |             |          | _       | $\overline{\Box}$ |          |          |         |        | $\overline{\Box}$ |        |                  |
|                       | > Enter the same   | e identification nur                             | mber as used on ex                             | amination, previo | us applic   | ations ( | or lice | enses c           | n file v | with th  | ne depa | artmer | nt.               |        |                  |
|                       |  |  | nt for a license, cer<br>e a social security r |                   |             |          |         |                   |          |          |         |        |                   |        | occupation issue |
| 4.                    | Date of Birth  |  |  | (Must be 18       | years o     | of age   | .)      |                   |          |          |         |        |                   |        |                  |
|                       |  | MM/DD/Y  | YYY  |                   |             |          |         |                   |          |          |         |        |                   |        |                  |
| 5.                    | Maiden or Form   | er Name(s)                                       |  |                   |             |          |         |                   |          |          |         |        |                   |        |                  |
| 6.                    |  | (PO Box acc<br>address will be<br>n the license. | . ,  | City              |             |          |         |                   |          |          |         |        | State             |        | Zip Code         |
| 7.                    | Street Address (   | (DO Pay not                                      | accepted)                                      | _                 | ere if Stre | et Add   | lress   | is the s          | ame a    | as the   | Mailin  | g Addr |                   |        |                  |
| 7.                    | ,  | ADDRESS REC                                      | . ,  |                   |             |          |         |                   |          |          |         |        |                   |        |                  |
|                       |  |  |  |                   |             |          |         |                   |          |          |         |        |                   |        |                  |
|                       |  |  |  | City              |             |          |         |                   |          |          |         |        | State             |        | Zip Code         |
| 8.                    | Contact Number   | rs   |  |                   |             |          |         |                   |          |          |         |        |                   |        |                  |
|                       |  |  | Primary Telepho                                | one               |             | Alte     | ernate  | e Telep           | hone     |          |         |        |                   |        |                  |
| 9.                    | Email Address  |  |  |                   |             |          |         |                   |          |          |         |        |                   |        |                  |
|                       | Email address is considered a public record and will be disclosed upon request from a thir |  |  |                   |             |          |         |                   |          | a third  | party.  |        |                   |        |                  |
| OFFICE<br>USE<br>ONLY | DATE   | FEE  | TRANS CODE                                     | ENTITY#           |             |          |         |                   | FILE     | E #/LICE | ENSE#   |        |                   |        | ISSUE DATE       |

| 10.           | Appl  | icants who hold | a current license/certificate                               | 9:   |                              |                         |  |  |  |  |  |
|---------------|---|-----------------|---|--|------------------------------|-------------------------|--|--|--|--|--|
|               | A.  | Do you hold a   | current (non-Virginia) licens                               | se or certificate issued by a regulato   | ory board or gov             | ernment entity?         |  |  |  |  |  |
|               |   | No 🗌            | If no, skip to question #11.                                |  |                              |                         |  |  |  |  |  |
|               |   | Yes             | If yes, have you held this lice                             | ense/certificate for at least 3 years?   |                              |                         |  |  |  |  |  |
|               |   |                 | No  If no, you do no reciprocity appl                       | ot qualify for the Universal license. `ication   | You may apply                | by using the Board's    |  |  |  |  |  |
|               |   |                 | Yes   |  |                              |                         |  |  |  |  |  |
|               | B.  | •               |   | nal licensure/certification require yo   | -                            |                         |  |  |  |  |  |
|               |   |                 | lf no, you do not qualify f<br>application.                 | for the Universal license. You ma  | y apply using                | the Board's license     |  |  |  |  |  |
|               |   |                 | If yes, did that state red<br>requirements to obtain this l | quire you to complete any educ<br>icense/certificate?                                    | cation, training             | ining and/or experience |  |  |  |  |  |
|               |   |                 | No If no, you do reciprocity ap                             | not qualify for the Universal license  | e. You may app               | ly using the Board's    |  |  |  |  |  |
|               |   |                 | Yes   | F-10-0-10-11   |                              |                         |  |  |  |  |  |
|               | C.  |                 | following table and include possession, or jurisdiction of  | all <b>current</b> and <b>expired</b> licenses and the United States.                    | and/or certificat            | ion issued from any     |  |  |  |  |  |
|               |   | A Certification | of Licensure/Letter of Good                                 | Standing must be sent from the st  | •                            | atory body directly to  |  |  |  |  |  |
|               |   | the Auctioneer  | Board and must be dated w                                   | vithin the last 60 days from each juri   |                              |                         |  |  |  |  |  |
|               |   | 9               | State/Jurisdiction  | License, Certification or Registration Number  | Did you pass an examination? | Expiration Date         |  |  |  |  |  |
|               |   |                 |   |  | Yes 🗌                        |                         |  |  |  |  |  |
|               |   |                 |   |  | Yes 🗌                        |                         |  |  |  |  |  |
|               |   |                 |   |  | Yes 🗌                        |                         |  |  |  |  |  |
|               |   |                 |   |  | Yes 🗌                        |                         |  |  |  |  |  |
|               |   |                 |   |  | Yes 🗌                        |                         |  |  |  |  |  |
|               |   |                 |   |  | Yes                          |                         |  |  |  |  |  |
|               | • Certifications of Licensure/Letter of Good Standing, prepared by the state board or regulatory body must include: 1) certification/registration number; 2) the initial date of licensure; 3) the expiration date of the license or renewal date; 4) the obtaining licensure (i.e. exam, reciprocity, etc.) and the minimum requirement that were met to qualify for licensure; and disciplinary actions resulting in a violation or undetermined finding. |                 |   |  |                              |                         |  |  |  |  |  |
|               |   |                 |   | auctioneers@dpor.virginia.gov; faxed to 87<br>160 Mayland Drive, Suite 400, Richmond, V. |                              | I to:                   |  |  |  |  |  |
|               | D.  | application?    |   |  |                              |                         |  |  |  |  |  |
|               | No ☐ Yes ☐ If yes, please give a brief description of this complaint/pending investigation:   |                 |   |  |                              |                         |  |  |  |  |  |
|               |   |                 |   |  |                              |                         |  |  |  |  |  |
|               |   |                 |   |  |                              |                         |  |  |  |  |  |
|               |   |                 |   |  |                              |                         |  |  |  |  |  |
|               |   |                 |   |  |                              |                         |  |  |  |  |  |
| <u>Skip</u> : | to que  | estion #12.     |   |  |                              |                         |  |  |  |  |  |

| 11. | For a   | applicants who  | do not hold a current lice               | nse or certificate.   |                     |                       |  |  |  |  |  |  |
|-----|---|---|--|---|---------------------|-----------------------|--|--|--|--|--|--|
|     | A.  | Do you work profession?   | in a state, or jurisdiction              | of the United States (other than Virgi  | nia) that does r    | not regulate your     |  |  |  |  |  |  |
|     |   | No  |  | for the Universal license. You may  | apply using the     | Board's license       |  |  |  |  |  |  |
|     |   | application.  Yes  If yes, have you worked in this profession for a least three years?  No  If no, you do not qualify for a Universal License at this time. You may apply using |  |   |                     |                       |  |  |  |  |  |  |
|     |   |   |  |   |                     |                       |  |  |  |  |  |  |
|     |   |   | Board's licens Yes                       | e application.  |                     |                       |  |  |  |  |  |  |
|     | B.  | Have you eve  | er passed an examination for             | r this profession in any state or territory   | of the United St    | ates?                 |  |  |  |  |  |  |
|     |   | No 🗌  |  | uired to take the Virginia examination upon the Board's review of your will be notified by the Board when they are eligible to sit for the examination. |                     |                       |  |  |  |  |  |  |
|     |   | Yes   | If yes, provide the following            | information about the examination:  |                     |                       |  |  |  |  |  |  |
|     |   |   | State/Jurisdiction:                      | Date of   | Examination         |                       |  |  |  |  |  |  |
|     |   |   | Required Documentation: Atta             | ch a copy of a certificate or other documentation   | on showing success  | (MM/YYYY)             |  |  |  |  |  |  |
|     |   |   | National/Board-approved examin           |   | ni dilawing daddood | nar completion of the |  |  |  |  |  |  |
|     | C.  | List all the sta  | ed States where you have practiced this  | profession:   |                     |                       |  |  |  |  |  |  |
|     |   |   | State/Jurisdiction Profession/Occupation |   | Employment Dates*   |                       |  |  |  |  |  |  |
|     |   |   | Clate/surfsulction                       | 1 Tolession/Occupation  | Start (MM/YY)       | Finished (MM/YY)      |  |  |  |  |  |  |
|     |   |   |  |   |                     |                       |  |  |  |  |  |  |
|     |   |   |  |   |                     |                       |  |  |  |  |  |  |
|     |   |   |  |   |                     |                       |  |  |  |  |  |  |
|     |   |   |  |   |                     |                       |  |  |  |  |  |  |
|     |   |   |  |   |                     |                       |  |  |  |  |  |  |
|     |   | *Chow a min   | imum of 2 years of ampleyment            |   |                     |                       |  |  |  |  |  |  |
| 10  | Have  |   | imum of 3 years of employment.           |   | lacal atata ar n    | ational regulators    |  |  |  |  |  |  |
| 12. | body  | •   | en subject to a <u>disciplinary</u> :    | <u>action</u> taken by <u>any</u> (including Virginia)  | iocai, state of in  | alional regulatory    |  |  |  |  |  |  |
|     | No  |   |  |   |                     |                       |  |  |  |  |  |  |
|     | Yes If yes, complete the <u>Disciplinary Action Reporting Form.</u>   |   |  |   |                     |                       |  |  |  |  |  |  |
| 13  | 3 A. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisd United States of any <b>felony</b> ? Any plea of nolo contendere shall be considered a conviction.   |   |  |   |                     |                       |  |  |  |  |  |  |
|     |   | No ☐<br>Yes ☐   |  |   |                     |                       |  |  |  |  |  |  |
|     | B. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of t United States of any non-marijuana <a href="mailto:misdemeanor">misdemeanor</a> ? Any plea of nolo contendere shall be considered conviction.  No |   |  |   |                     |                       |  |  |  |  |  |  |
|     |   | Yes   | If yes, complete the Crimin              | al Conviction Reporting Form.   |                     |                       |  |  |  |  |  |  |

## **Consent to Suits**

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 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.

- 14. 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.

| Signature | Date |  |
|-----------|------|--|
|           |      |  |

All licensees will be required to submitted a Surety Bond within 30 calendar days after a license has been issued.

More information will be provided by the Board staff once your license has been received.