Auctioneer License Checklist

To be completed and returned with Application

INCOMPLETE APPLICATIONS WILL BE RETURNED FOR RESUBMISSION

Please Type or Print Clearly

Name of Applicant _____

☐ **Enclosed Fee** **Check Number** _____ **Check Amount** _____

☐ **Application Filled Out Completely - including complete name & address with notarized signatures**

☐ **Copy of Drivers License / Photo Identification**

☐ **Original $25,000 Sealed Bond With Original Signatures** **Exp. Date** _____

Company _____

☐ **Original Recommendation #1** **Name** _____

☐ **Original Recommendation #2** **Name** _____

Please choose from one of the following three options

☐ **Proof of completion at a recognized Auctioneering School - New Hampshire State Auctioneers Exam Required**

Name of Auctioneering School _____ **Graduation Date** _____

NH Auctioneers Exam Date _____ **Exam Score** _____

☐ **Apprenticeship Affidavit(s) - New Hampshire State Auctioneers Exam required**

Supervising Auct _____ **Lic. No. & State** _____

Supervising Auct _____ **Lic. No. & State** _____

NH Auctioneers Exam Date _____ **Exam Score** _____

☐ **Letters of Good Standing - for NON-RESIDENT applicants applying through reciprocity - exempt from NH Exam requirement**

Make payable to State of New Hampshire

Approved by the State Board of Auctioneers

_____

_____

_____

_____

_____

Date:

☐ Non-Resident Check Number _____ Amount $300

☐ Resident Check Number _____ Amount $200

NEW HAMPSHIRE BOARD OF AUCTIONEERS
OFFICE OF THE SECRETARY OF STATE
107 NORTH MAIN STREET
CONCORD NH 03301
(603) 271-3242

Application for a License as an Auctioneers under RSA 311-B

PLEASE PRINT OR TYPE CLEARLY

This box is for official use only - do not write in

LICENSE NUMBER _____

☐ New Licensee

☐ Reapplying / Lapsed

Name of Applicant _____ Date of Birth _____

ALL ADDRESSES MUST BE FILLED OUT COMPLETELY OR YOUR APPLICATION WILL BE RETURNED

Business Physical Address _____

Business Mailing Address _____

Business Telephone _____ Business Fax _____

Resident Domicile Address _____

Resident Mailing Address _____

Resident Telephone _____ E-mail Address _____

Employment History for the Last five (5) years: (Use additional sheet if necessary)

Employer _____ Dates _____

Position Description _____

Employer _____ Dates _____

Position Description _____

Employer _____ Dates _____

Position Description _____

PLEASE ANSWER THE FOLLOWING QUESTIONS WITH **YES, NO OR NONE**. (Please do not use N/A)

In which states, if any, and for how long have you been licensed as an auctioneer? (Please attach copies of those licenses).

In which states, if any, have you ever been refused an auctioneer's license?

If so, when? **Give Reasons**

In which states, if any, has disciplinary action been taken against your auctioneer's license?

If so, when? **Give Reasons**

Have you ever been convicted of any felony or misdemeanor involving theft, fraud, deceit, misrepresentation or other breeches of fiduciary duties?

If so, when? **Give Details**

Are there, or have there ever been, any suits in any court involving theft, fraud, deceit, misrepresentation or other breeches of fiduciary duties, to which you are the party?

If so, when? **Give Details**

I understand that, as a New Hampshire licensed auctioneer, I am bound by the statutes of the state of New Hampshire, by the administrative rules adopted under RSA 311-B, and by all other applicable rules and statutes. I certify that the information in this application is complete and correct to the best of my knowledge.

Signature of Applicant _____ Date _____

The required bond is herewith attached.

State _____ County of _____

On this _____ Day of _____ A.D. _____

personally appeared the above named applicant and made oath that the foregoing statements made by said applicant are true.

_____

Justice of the Peace / Notary Public

(Notarial Seal)

THE STATE OF NEW HAMPSHIRE
SECRETARY OF STATE
Concord, New Hampshire

THE FOLLOWING POWER-OF-ATTORNEY FORM MUST BE COMPLETED BY ALL NON-RESIDENTS

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: that the subscriber, desiring to conduct the business of auctioneering in the State of New Hampshire in conformity with the laws thereof, hereby irrevocably constitutes and appoints the Secretary of State of the State of New Hampshire, for the time being, to be the subscriber's true and lawful attorney in and for said state, in compliance with the provisions of chapter 311-B, Revised Statutes Annotated as inserted by the Laws of 1969, chapter 469, and any amendments thereto, upon whom all lawful processes in any action or proceeding against the subscriber may be served and said subscriber hereby stipulates and agrees that any lawful process which is served on said attorney shall be of the same legal force and validity as if served personally within this State.

Signature of non-resident applicant _____ Date _____

State _____ County of _____

On this _____ Day of _____ A.D. _____

before me appeared the person executing and subscribing this Power-of-Attorney, acknowledging the same as his/her voluntary act and deed.

_____

Notary Public

(Notarial Seal)

_____

My Commission Expires

RECOMMENDATION #1

IT IS REQUIRED THAT YOU PROVIDE YOUR RECOMMENDATION ON THIS FORM
PLEASE TYPE OR PRINT CLEARLY *otherwise your application will be returned*

RECOMMENDING INDIVIDUAL- PLEASE READ AND ANSWER EACH QUESTION CLEARLY AND COMPLETELY

Name of Applicant

Name of individual recommending the applicant

Address

Occupation

Telephone Number

I have known the applicant for _____ years, _____ days, and _____ months.

Describe the extent of you acquaintanceship with the applicant

Describe your familiarity with past business experience and dealings of the applicant

Describe any other knowledge of the applicant or the applicant's background upon which this recommendation is based:

ORIGINAL Signature of individual recommending the applicant _____

RECOMMENDATION #2

IT IS REQUIRED THAT YOU PROVIDE YOUR RECOMMENDATION ON THIS FORM
PLEASE TYPE OR PRINT CLEARLY *otherwise your application will be returned*

RECOMMENDING INDIVIDUAL- PLEASE READ AND ANSWER EACH QUESTION CLEARLY AND COMPLETELY

Name of Applicant

Name of individual recommending the applicant

Address

Occupation

Telephone Number

I have known the applicant for _____ years, _____ days, and _____ months.

Describe the extent of you acquaintanceship with the applicant

Describe your familiarity with past business experience and dealings of the applicant

Describe any other knowledge of the applicant or the applicant's background upon which this recommendation is based:

ORIGINAL Signature of individual recommending the applicant _____