



ARKANSAS AUCTIONEERS LICENSING BOARD

alb-0100

No. _____

PHOTOGRAPH

Attach a Clear Full-Face, Passport-Type Photo (2" x 2") Of Head And Shoulders Taken Within Past 6 Months (Required With Each Application)

101 E. Capitol, Suite 112B
 Little Rock, Arkansas 72201
 (501) 682-1156

APPLICATION FOR AUCTIONEER LICENSE

kristy.arnold@arkansas.gov
 website: aralb.com

FOR BOARD USE ONLY:
Exam Required: Yes _____ No _____

FEES:

Examination Fee: _____
 License Fee: _____
 Recovery Fund: _____
 Total Fees: \$ _____

License Issued: _____

Hold License until July 1st _____

APPLICANTS MUST READ THE ACCOMPANYING INSTRUCTION MATERIALS AND THE ARKANSAS AUCTIONEER LAW AND RULES BEFORE FILING THEIR APPLICATION.

TYPE OR PRINT IN BLACK INK

(1) Indicate type of license desired:

___ **Auctioneer** – Enclose a check or money order (NO CASH) for \$100 for examination fee made payable to ARKANSAS AUCTIONEERS LICENSING BOARD. Enclose an additional check or money order (NO CASH) for \$200 for licensure and recovery fund made payable to ARKANSAS AUCTIONEERS LICENSING BOARD.

___ **Reciprocal Auctioneer** – Enclose a check or money order (NO CASH) made payable to ARKANSAS AUCTIONEERS LICENSING BOARD for license fee and \$100 FOR recovery fund. License fee amount is based upon the amount charged by reciprocal state or the State of Arkansas which ever fee is the greater). Please contact this office at 501/682-1156 for correct fee. Please provide a letter from your home State's Licensing Agency, and from any other State's Licensing Agency in which you are licensed, certifying to your current auctioneer status.

In addition, you will need to complete form ASP-122 and attach check or money order for \$22.00 made payable to ARKANSAS AUCTIONEERS LICENSING BOARD and you will also need to complete FBI Fingerprint Card and attach check or money order made payable to ARKANSAS STATE POLICE for \$12.00.

(2) Full Name: Mr. Mrs. Ms. (circle one)

 First Full Middle or Maiden Name Last

(3) Residence Address

 Street or Rural Highway No. City St. Zip

(4) Business Address (if different from above)

 Street or Rural Highway No. City St. Zip

(5) Mailing (if Different from Above)

 P.O. Box or RFD City St. Zip

rev 9/16

- (6) Legal Resident of: State _____ County _____
- (7) Home Phone () _____ (8) Social Security # _____ / _____ / _____
- (9) Date of Birth _____ / _____ / _____ (10) Business Phone(_____) _____
- E-Mail Address _____
- (11) Citizen of United States: Yes _____ No _____ (12) High School Graduate: Yes _____ No _____
- (13) College(s) Attended: _____ Degree _____ Major _____ No. of Yrs. _____

Have you ever held any type of auction license in any state, including AR? Yes _____ No _____
 (If yes, indicate below (attach additional sheet if needed):

Type of License	State	From mo/yr	To mo/yr

CHARACTER

- (a) Have you ever been denied an auctioneer license or any other business or professional license of any type in AR or any other state or jurisdiction? _____
 (If **yes**, attach a separate statement giving **complete** details.)
- (b) Have you ever had an auctioneer license suspended, revoked or surrendered, or have you ever been disciplined by the licensing authorities in AR or any other state or jurisdiction, or is there any such action pending against you in connection with any auctioneer license you hold? _____ If **yes**, provide a copy of the licensing agency's order, if applicable and attach a separate statement giving **complete** details.)
- (c) Have you ever had any other business or professional license suspended, revoked or surrendered in AR or any other state or jurisdiction, or is there any disciplinary action pending against you in connection with any other license that you hold? _____
 (If **yes**, attach a separate statement giving **complete** details.)
- (d) Have you ever been arrested or charged with a criminal offense? _____
 (If **yes**, attach a separate statement giving **complete** details.)
- (e) Have you ever been convicted of any criminal offense (other than minor traffic offenses) or is there any criminal charge now pending against you? _____
 (If **yes**, attach a separate statement giving **complete** details.)
- (f) Are there any unpaid judgments of debt now outstanding against you? _____
 (If **yes**, provide name of creditor, amount, date, current balance, and a **complete** explanation.)
- (g) Have you ever been discharged in bankruptcy or are you currently a debtor in a bankruptcy proceeding?

(If **yes**, provide copy of bankruptcy order discharging you from debts, or bankruptcy petition if pending. Also provide **complete** explanation.)

(14) **Character Endorsement:**

We, the undersigned, do hereby certify to the Arkansas Auctioneers Licensing Board that we reside in the community in which the applicant resides (or has resided); that we are not related to the applicant; that we are not presently nor do we propose to be associated with the applicant in the auction business; that the applicant is well known to us individually; and that he (or she) is of good moral character and bears a good reputation for honesty, truthfulness and integrity.

1. _____
 Print endorser name

 Signature of endorser

 Address City State

 Phone Occupation

 Company

How long have you known the applicant?

 In what capacity? _____

2. _____
 Print endorser name

 Signature of endorser

 Address City State

 Phone Occupation

 Company

How long have you known the applicant?

 In what capacity? _____

RESIDENCE

(15) List all places of residence during past seven years – **list present address first** – (attach sheet if needed.)

Street Address or Highway Number	City	State	From (Mo./Yr.)	To (Mo./Yr.)
1. _____				
2. _____				
3. _____				
4. _____				

EMPLOYMENT

(16) Are you presently employed? Yes _____ No _____

(17) Describe all employment during the past seven years – **list present employment first** – (attach sheet if needed.)

1. _____				
Name of Company	Address	City	State	Phone
_____ Position	_____ Duties		_____ From Mo./Yr.	_____ To Mo./Yr.
2. _____				
Name of Company	Address	City	State	Phone
_____ Position	_____ Duties		_____ From Mo./Yr.	_____ To Mo./Yr.
3. _____				
Name of Company	Address	City	State	Phone
_____ Position	_____ Duties		_____ From Mo./Yr.	_____ To Mo./Yr.

(18) Licenses are issued in the individual applicant's name. If you plan to advertise and conduct auction business under any other name, trade name, or assumed name, you must file such name(s) with the Board. You should indicate same (if known) below.

(19) All licenses expire June 30th each year, regardless of the date of issuance §17-17-302 (b)(1)(C). Applicants should indicate their preference below:

___ Issue license as soon as possible.

___ Hold license until beginning of next fiscal year (July 1st).

(20) This affidavit to be executed by applicant before a notary public:

The undersigned, in making this application to the Arkansas Auctioneers Licensing Board, swears (or affirms):

1. That he/she is the applicant named herein;
2. That he/she has read and understands the Arkansas Auctioneers Licensing Law and the Rules and Regulations of the Licensing Board;
3. That he/she agrees to abide by the Arkansas Auctioneers Law and Rules;
4. That the answers and information contained herein are true to the best of his/her knowledge and belief;
5. That he/she understands that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient reason to deny permission to take an examination or to deny a license or to withhold renewal of or suspend or revoke a license issued by the Board;
6. That he/she understands that the Board may make such inquiry and investigation concerning the applicant's character, record and background as the board deems necessary, and said applicant further agrees to furnish any additional information or documentation requested by the Board.

Signature of Applicant: _____

Sworn and Subscribed to before me this _____ day of _____, 19_____

Name of Notary Public

Signature of Notary Public

My Commission Expires _____

County _____ **State** _____

(AFFIX SEAL)

TO WHOM IT MAY CONCERN:

I hereby authorize any representative of the Arkansas Auctioneers Licensing Board bearing this release to obtain any information in your files pertaining to my records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized representative of the Arkansas Auctioneers Licensing Board, whether said records are of public, private or confidential nature.

The intent of the authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Arkansas Auctioneers Licensing Board to consider in determining my suitability for obtaining a license with that agency. It is my specific intent to provide access to information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, by background and reputation, my financial status, my criminal history record, including any arrest records and information contained in investigative files, either criminal or civil, in which I presently have or have had an interest, including any files which are deemed to be confidential and/or sealed.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records and I waive those rights with the understanding that information furnished will be used by the Arkansas Auctioneers Licensing Board in conjunction with my application for license or renewal application for license.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to release you and your representative from liability or damages that may result from furnishing the information requested.

Signature

SWORN AND SUBSCRIBED BEFORE ME

Printed Name

NOTARY PUBLIC, this _____

Street Address

day of _____, _____

City, State, Zip Code

My Commission expires _____

Telephone Number

Social Security Number Date of Birth