



State of Rhode Island and Providence Plantations
DEPARTMENT OF BUSINESS REGULATION
1511 Pontiac Avenue, Bldg. 69-1
Cranston, Rhode Island 02920

Division of Commercial Licensing and
Racing and Athletics

AUCTIONEER'S LICENSE INSTRUCTIONS

You can now apply on line at the Department of Business Regulation website: <http://www.dbr.ri.gov/>

ALL APPLICANTS NEED:

- **COMPLETED APPLICATION**
- **\$10.00 APPLICATION FEE**
- **TWO (2) - 1 X 1 COLOR PHOTOS**
- **TAX AFFIDAVIT**
- **and please provide the following for your specified license type...**

APPRENTICE AUCTIONEER: (Resident's Only)

- License Fee: \$60.00
- Rhode Island Criminal History Record
- \$2,000.00 Surety Bond
- Supervising Auctioneer Affidavit

RESIDENT AUCTIONEER:

- License Fee: \$600.00
- Rhode Island Criminal History Record
- \$10,000 Surety Bond
- \$15.00 Examination Fee: Unless licensed in good standing at time of 1995 deregulation **or** have completed six months licensed apprenticeship and ten auctions **or** graduated from a course of study of at least eighty hours and served a three month licensed apprenticeship and five auctions-- **Attach:** Apprentice Completion Affidavit and proof of education if applicable

NON-RESIDENT AUCTIONEER APPLICANTS:

- License Fee: \$900.00
- National Criminal History Record
- \$10,000.00 Surety Bond
- Uniform Consent to Service of Process
- \$15.00 Examination Fee: Unless licensed in good standing at time of 1995 deregulation, or if you are not licensed and domiciled in a state we share reciprocity with. Reciprocal states: Florida, Indiana, Kentucky, Louisiana, Pennsylvania, S. Carolina, Tennessee, Texas, Virginia. **Attach:** Copy of current valid auctioneer's license in good standing.

NOTICE: All applicants must comply with relevant Rhode Island laws and requirements regarding: Duty Fees - call the General Treasurer's office at (401) 222-2287, **and** RI Sales Tax – call the Taxation Department at (401) 222-2950

Check or Money Orders for all fees made payable to: RI General Treasurer—No cash accepted

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APPLICATION FOR AUCTIONEER LICENSE

CATEGORY OF APPLICANT :

- _____ I am applying for an apprentice auctioneer permit. (Rhode Island Residents Only)
- _____ I am applying as a resident auctioneer. I need to take the exam.
- _____ I am applying as a resident auctioneer. Attached is Apprentice Completion Affidavit/Education.
- _____ I am applying for a reciprocal non-resident auctioneer license. I presently have a license in good standing in my state of domicile. Attached is a copy of reciprocal license.
- _____ I am applying for a non-resident auctioneer license. I need to take the exam.
- _____ I was licensed in good standing as of the June 30, 1995 deregulation and want to apply again.

Name: _____ Social Security No.: _____
Home Address: _____

Home Telephone: _____ Email address: _____

Date of Birth: _____ Height: _____ Weight: _____

Color of Eyes: _____ Color of Hair: _____

Name of Auctioneer Business: _____

Business Address: _____

Business Telephone: _____ Fax: _____ FEIN: _____

Date of Employment: _____ Self Employed: Yes _____ No _____

List other Auctioneer licenses or apprentice auctioneer licenses/permits held:
State Date of Issue Date of Expiration



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ENDORSEMENT AFFIDAVIT

All applicants must have this section endorsed by two (2) reputable citizens of the community in which you reside or have resided.

Endorser certifies that he/she is well known to applicant, and attests that applicant is of good moral character, and has a good reputation for honesty, truthfulness, and integrity. The Department holds the right to contact Endorser to verify.

Print Name of Endorser: _____

Address of Endorser

Telephone Number: _____ Email: _____

X _____
Signature of Endorser

=====

Print Name of Endorser: _____

Address of Endorser

Telephone Number: _____ Email: _____

X _____
Signature of Endorser



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Complete the following questions by checking the appropriate box. Explain any "yes" answers in detail on separate sheet (s) of paper and attach.

- _____ Yes _____ No Have you ever been denied an auctioneer license or apprentice auctioneer license or permit in this or in any other state or jurisdiction?
- _____ Yes _____ No Have you ever had an auctioneer license or apprentice auctioneer license or permit suspended or revoked, or have you ever been disciplined by the licensing authority in this or any other state or jurisdiction?
- _____ Yes _____ No Have you ever had any other business or professional license of any kind denied, suspended, or revoked in this or any other state or jurisdiction?
- _____ Yes _____ No Have you ever (1) been convicted of or plead nolo contendere to anything other than a minor traffic violation or (2) been convicted or plead nolo contendere to any crime of moral turpitude, or (3) been convicted or plead nolo contendere to misrepresenting goods sold at auction, or (4) been convicted or plead nolo contendere to appropriating or unlawfully converting monies of others?
- _____ Yes _____ No Are there any unpaid judgments of debt now outstanding against you?

Do you certify, under the pains and penalties of perjury, that all information you have provided in this application is true and accurate? You are advised that furnishing false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject you to civil or criminal penalties. You are further advised that the Department reserves the right to independently verify, at any time, all information contained in this application and any supporting documentation.

X _____
Signature of Applicant

Date



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APPOINTMENT OF DIRECTOR OF BUSINESS REGULATION
AS AGENT TO ACCEPT SERVICE OF PROCESS OR PLEADING
NON-RESIDENT AUCTIONEERS

Pursuant to the provisions of Title 5, Chapter 5-58, of the General Laws of Rhode Island, 1956 as amended and supportive rules and regulation, I, _____, do hereby appoint the Director of Business Regulation as my agent for the receipt of service of process or pleadings in the State of Rhode Island, upon which Director process or pleadings against me may be served. I do hereby consent that suits and actions may be commenced against me in the proper court of any country in the State of Rhode Island in which the plaintiff may reside by the service of any process or pleading authorized by the laws of the State of Rhode Island on the Director of Business Regulation, and I do hereby stipulate and agree that any such service of process or pleadings on the Director shall be taken and held in all courts to be as valid and binding upon me as if due service had been made upon me personally within the State of Rhode Island.

The foregoing appointment, consent, stipulation, and agreement shall be deemed to be and is irrevocable.

X _____
Non-Resident Auctioneer Applicant

Scribed before me, on this _____, day of _____, 20_____.

X _____

Signature of Notary Public

My Commission Expires:



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BOND OF AUCTIONEERS

TO THE DIRECTOR, DEPARTMENT OF BUSINESS REGULATION
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

KNOW ALL MEN BY THESE PRESENTS, THAT WE _____,
as principal and _____, as surety, are held and firmly bond unto the
Director of The Department of Business Regulation, State of Rhode Island in the aggregate sum of
_____ Dollars (\$_____), to the payment whereof we bind
ourselves, our heirs, executors, administrators and assigns, jointly and severally, firmly by these
presents.

WHEREAS, a license has been granted to the principal by the obligee to engage in business as an
auctioneer in this State.

NOW, THEREFORE THE CONDITION OF THIS OBLIGATION is such that if the said principal
shall comply with all of the provisions of Title 5, Chapter 5-58 of the General Laws of Rhode Island,
An Act Relating to the Licensing of Auctioneers, shall faithfully observe and honestly comply with
such statutes, rules and regulations, and any amendments thereto, as require the execution of this bond,
and shall agree to execute the duties of his office according to law, to pay over all monies received by
him for goods sold at auction, to the owners thereof, and to pay over all duties to the State and to the
Town which shall accrue on goods sold by him, then this obligation to be void: otherwise to remain in
full force and effect.

It is expressly understood that this bond may be cancelled by the Surety at the expiration of thirty (30)
days from the date upon which the Surety shall have filed with the principal and obligee written notice
to cancel. This provision, however, shall not operate to relieve, release, or discharge the surety from
any liability already accrued or which shall accrue before the expiration of the thirty (30) day period.

Signed, sealed and dated this _____, day of _____, 20 _____.

X _____

Principal (Signature)

X _____

Attorney-in fact (Signature)



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SUPERVISING AUCTIONEER AFFIDAVIT
(to be completed by supervising auctioneer)

The auctioneer with whom the applicant will be affiliated with must personally sign this statement:

Name of apprentice auctioneer applying for license: _____

This is to certify that the apprentice auctioneer applicant named in this application will, when issued a permit by the Director of Business Regulation, be associated with, employed, or engaged by me in the capacity of an apprentice auctioneer, that I will exercise proper supervision over and assume responsibility for his/her acts as an apprentice auctioneer while associated with me in accordance with applicable provisions of any rules and regulations promulgated by the Director, and I certify that to the best of my knowledge he/she is a person of honesty, truthfulness, and integrity, and that I will personally appear before the Director and/or his/her designated representative(s) in conjunction with this application if requested to do so. I further certify that I have read the completed application before signing below.

X _____
Signature of Supervising Auctioneer

License Number: _____

Name of employing Auctioneer: _____

Business Address: _____

+++++

Subscribed and sworn before me this _____ day Of _____, 20 ____.

X _____
Signature of Notary Public

Commission Expires:



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APPRENTICE COMPLETION AFFIDAVIT
(to be completed by supervising auctioneer)

Name of apprentice: _____,

_____ Has been an Apprentice Auctioneer under my supervision, for a period of at least six (6) months and conducted at least ten (10) Auctions within the State of Rhode Island, Or

_____ Has submitted of proof of graduation from a course of study of at least eighty (80) hours from any approved school of Auctioneering, and has been an Apprentice Auctioneer under my supervision for a period of at least three (3) months and conduct at least five (5) Auctions

List of auctions, and the date they were held:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

X _____
Signature of Supervising Auctioneer

License Number: _____

Print Name of supervising Auctioneer: _____
=====

Subscribed and sworn before me this _____ day Of _____, 20 ____.

X _____
Signature of Notary Public

My Commission Expires:



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Tax Payer Status Affidavit / Identity Verification

All persons applying or renewing any license, registration, permit or other authority (hereinafter called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number and Federal Tax Identification Number as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license. This declaration must be made prior to the issuance of a license.

Please return this affidavit along with your license application to: Rhode Island Department of Business Regulation, 1511 Pontiac Avenue, Cranston, RI 02920.

Licensee Declaration

- I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.
- I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.
- I am currently pursuing administrative review of taxes owed to the state.
- I am in federal bankruptcy. (Case # _____)
- I am in state receivership. (Case # _____)
- I have been discharged from Bankruptcy. (Case # _____)

Type of Professional License for which you are applying

Full Name (Please Print or Type)

Social Security Number (or FEIN if appropriate)

Signature

Phone Number (including area code if not 401)