



APPLICATION FOR EXAMINATION FOR AUCTIONEER LICENSE OR LICENSE BY RECIPROCIDY

State Form 18479 (R19 / 9-18)

**INDIANA AUCTIONEER COMMISSION
PROFESSIONAL LICENSING AGENCY**
402 West Washington Street, Room W072
Indianapolis, Indiana 46204-2724
Telephone: (317) 234-3009
E-mail: pla9@pla.IN.gov
www.pla.IN.gov

- INSTRUCTIONS:**
1. The fee for this application is \$70.00, payable to the Indiana Professional Licensing Agency, in accordance with 812 IAC 1-1-35.
 2. The fee for the examination is \$35.00, payable to the Indiana Professional Licensing Agency, in accordance with 812 IAC 1-1-35.
 3. Completed application and fees should be mailed to the address listed in the upper right hand corner of this form.
 4. All fees are non-refundable and non-transferable.
 5. Please refer to the instructions on our website, www.pla.in.gov, for the licensing requirements.

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.

** This information is being requested for workforce statistical purposes only; disclosure is voluntary.

FOR OFFICE USE ONLY		
Application fee	Date fee paid (month, day, year)	Receipt number
License number issued	Date issuance (month, day, year)	

DO NOT WRITE ABOVE THIS LINE

Type of action requested (please check one only): Examination only Reciprocal applicant

APPLICANT INFORMATION		
Name of applicant (last, first, middle)	Social Security number *	
Date of birth (month, day, year)	Place of birth (city and state or country)	
Address of applicant (number and street or rural route)	City, state, and ZIP code	
Telephone number (daytime) ()	E-mail address	
Gender ** <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity **	Race **
Pursuant to IC 12-32-1-5 and IC 12-32-1-6, I swear under the penalty of perjury that: (Please select one of the following.) <input type="checkbox"/> I am a United States Citizen. <input type="checkbox"/> I am a qualified alien (as defined under 8 U.S.C. § 1641).		
Are you the spouse of a member of the military who is assigned to a duty station in Indiana? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you an active duty member of the military? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Pre-Licensing school	Date of graduation (month, day, year)	
Have you ever been licensed in this or any other state as an auctioneer or apprentice auctioneer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, where?	Issuance date of license (month, day, year)	License number

If your answer is "Yes" to any of the following, explain fully in a sworn affidavit, including all related details, and provide copies of all relevant arrest or court documents. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application.		
Has your application for a license as an auctioneer or apprentice auctioneer ever been rejected in this or any other state? If so, explain on a separate sheet where, exact date, and full details of rejection.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your license as an auctioneer or apprentice auctioneer ever been disciplined in this or any other state? If so, explain on a separate sheet where, exact date and full details of discipline.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you committed an act which would constitute a ground for disciplinary sanction under IC 25-1-11-5? If so, please explain in an attached sworn affidavit.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court,</i>		
(1) have you ever been arrested;	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state;	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) have you ever been convicted of any offense, misdemeanor, or felony in any state;	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(5) have you ever pled <i>nolo contendere</i> to any offense, misdemeanor, or felony in any state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Have you read and do you understand the provisions of The Auctioneer and Auction Licensing Act in accordance with IC 25-6.1-1-1? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you display your license in a conspicuous manner in your place of business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you understand that an auctioneer license must be kept in your custody and immediately returned by you to the INDIANA AUCTIONEER COMMISSION upon suspension or revocation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of applicant	Date (month, day, year)

**APPOINTMENT OF INDIANA AUCTIONEER COMMISSION AS AGENT OF AUCTIONEER TO
ACCEPT SERVICE OF PROCESS OR PLEADING:**

I, _____ of the city of _____, State of _____, do hereby appoint the Indiana Auctioneer Commission as my agent, for the receipt of service of process or pleading in said State of Indiana, upon which Indiana Auctioneer Commission 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 county in the State of Indiana in which the plaintiff may reside by the service of any process or pleadings authorized by the laws of the State of Indiana on the Indiana Auctioneer Commission, and I do hereby stipulate and agree that such service of process or pleadings on the Indiana Auctioneer Commission 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 Indiana.

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

EXAMINATION ONLY

Complete section I of this application and pay required fees.

Please include a copy of your certificate or course completion with this application.

If you have not completed your education, you must provide a copy of your certificate of course completion at the examination site at the time of admittance.

Please check here if so:

APPLICATION AFFIRMATION

I hereby swear or affirm, under the penalties of perjury, that the statements made in this application are true, complete, and correct.

Signature of applicant

Date (month, day, year)