

**AUCTIONEER LICENSE & BACKGROUND CHECK APPLICATION**

MISSISSIPPI AUCTIONEER COMMISSION

Post Office Box 50, Morton, MS 39117

601-750-4909

Website: [www.auctioneers.ms.gov](http://www.auctioneers.ms.gov); Email: support@auctioneers.ms.gov

|                   |  |
|-------------------|--|
| <b>AUCTIONEER</b> | <input type="checkbox"/> <b>MISSISSIPPI RESIDENT- Examination Required</b>         |
|                   | <input type="checkbox"/> <b>OUT-OF-STATE RECIPROCAL</b>                            |
|                   | <input type="checkbox"/> <b>OUT-OF-STATE NON-RECIPROCAL – Examination Required</b> |

**IF YOU OWN AN AUCTION ESTABLISHMENT (FIRM), PLEASE CHECK ALL THE APPROPRIATE BLANKS BELOW:**

- NOT APPLICABLE, I do not own an establishment [firm].
- a. \_\_\_\_\_ I am the single owner of an auction facility [firm] **OR** I am the sole proprietor **AND** I am an officer of record;
- b. \_\_\_\_\_ I serve as the only auctioneer **AND** firm manager on behalf of the auction facility [firm].

If you check both "a" and "b" above, you are NOT required to have a MISSISSIPPI FIRM LICENSE; and must complete this application for a Mississippi auctioneer license.

If you did not check "a" above, then the OWNER MUST COMPLETE the FL.01 Firm Application and pay the required fees for licensing the firm. MCA §73-4-27(7) states that if the applicant for a firm license maintains more than one (1) place of business within the State of Mississippi, the applicant shall apply and obtain an firm license for each location.

**Pursuant to the provisions of the Military Family Freedom Act, Mississippi shall recognize occupational licenses obtained from other states for military members and their families. [§73-50-1 et seq.] Effective July 1, 2020 (Bill authors indicated that this applies to ACTIVE military members and their families only)**

Are you an active member of the military? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you a member of an active military family? YES \_\_\_\_\_ NO \_\_\_\_\_

**§73-50-2 Pursuant to the provisions of the Universal Recognition of Occupational Licenses Act, Mississippi shall recognize occupational licenses obtained from other states.**

**NOTICE ALL FEES ARE NON-REFUNDABLE**

Once the application has been filed and processed, the application fee will not be refunded.  
 - An application and fee are only good for thirty (30) days. If all application requirements are not met within thirty (30) days, you will be required to submit a new application and fee. - All license fees are renewed on a biennial basis and expire on March 1st of odd numbered years.

| FEES |          |   |
|------|----------|---|
|      | \$300.00 | Mississippi Resident Fee (Application and Examination - \$100; License - \$200) |
|      | \$550.00 | Out of State Fee (Application - \$100; Vendor - \$250; and License - \$200)     |

All applicable fees must be mailed with application. Only **cashier's checks or money orders** accepted.

**In this space, attach a clear, full face photo of head and shoulders taken within the past six months, 2" x 2" size.**

Read the application and accompanying instructions carefully. Answer ALL questions completely. If additional space is needed for an answer, attach a separate sheet indicating the section and/or number to which the information applies. Date and sign any such attached sheets.

Send completed form to the Mississippi Auctioneer Commission at the above address along with the materials listed in Section B, Line 4 if you answered "yes" to any questions in Section B.

| <b>SECTION A</b>   |                  |  |                                   | <b>APPLICANT INFORMATION</b> |  |            |  |
|--|------------------|--|-----------------------------------|------------------------------|--|------------|--|
| LEGAL LAST NAME  | LEGAL FIRST NAME | LEGAL MIDDLE NAME  | DATE OF BIRTH<br>(month/day/year) |                              |  |            |  |
|  |                  |  | /                                 | /                            |  |            |  |
| If you do <u>not</u> own a <u>business establishment</u> , but operate under a name other than the name identified above, provide the name(s): |                  |  |                                   |                              |  |            |  |
| PERSONAL MAILING ADDRESS   |                  |  | BIRTHPLACE<br>(CITY/COUNTY/STATE) |                              |  |            |  |
| CITY   |                  | STATE  |                                   | ZIP                          |  |            |  |
| RESIDENCE STREET ADDRESS, CITY, STATE, ZIP (IF DIFFERENT THAN ABOVE)   |                  |  |                                   |                              |  |            |  |
| EMAIL ADDRESS  |                  |  |                                   |                              | U.S. CITIZEN   |            |  |
|  |                  |  |                                   |                              | <input type="checkbox"/> YES <input type="checkbox"/> NO |            |  |
| LIST ALL STATES LIVED IN PAST 5 YEARS  |                  |  |                                   |                              |  |            |  |
| LIST ANY OTHER NAMES EVER USED INCLUDING NICKNAMES, ALIASES, MAIDEN, PRIOR MARRIED, ETC.   |                  |  |                                   |                              |  |            |  |
| SOCIAL SECURITY NO.  |                  | <input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE |                                   | HOME PHONE                   |  | CELL PHONE |  |
|  |                  |  |                                   |                              |  |            |  |

| EDUCATION   |   |   |   |
|---|---|---|---|
| Elementary School<br><input type="checkbox"/> YES <input type="checkbox"/> NO | High School<br><input type="checkbox"/> YES <input type="checkbox"/> NO | GED<br><input type="checkbox"/> YES <input type="checkbox"/> NO | College<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| Name of Auctioneer School   |   | Date of Graduation  |   |

| SECTION B  |  | BACKGROUND QUESTIONS     |                          |
|--|--|--------------------------|--------------------------|
| 1  | Criminal Disclosure  | YES                      | NO                       |
|  | a) Have you ever been convicted* of any felony or misdemeanor criminal offense?<br>**  | <input type="checkbox"/> | <input type="checkbox"/> |
|  | b) Are you currently under investigation, indictment, awaiting trial, verdict or sentencing in any criminal proceeding? **   | <input type="checkbox"/> | <input type="checkbox"/> |
|  | c) Do you have any criminal arrest or citation, which has yet to be adjudicated? **  | <input type="checkbox"/> | <input type="checkbox"/> |
|  | d) Are you a fugitive from justice?  | <input type="checkbox"/> | <input type="checkbox"/> |
|  | e) Are you presently on parole or probation or paying any restitution or fine?   | <input type="checkbox"/> | <input type="checkbox"/> |
|  | * 'Convicted' includes a guilty or 'no contest' plea, verdict of guilty by a judge or jury, or a forfeiture of bail. All convictions must be disclosed, even if they were later dismissed, a diversion program completed, or occurred when a minor.<br>** Include major traffic violations such as DUI, reckless driving, or driving while suspended or uninsured. |                          |                          |
| 2  | Regulatory Disclosure (trade, occupation or profession)  | YES                      | NO                       |
|  | a) Have you ever had a license or registration fined, reprimanded, suspended, involuntarily terminated, revoked or otherwise subject to any type of disciplinary action whether or not you were ultimately sanctioned? *   | <input type="checkbox"/> | <input type="checkbox"/> |
|  | b) Have you ever surrendered or allowed to expire a license or registration, or were permitted to resign after allegations were made against you, in connection with or while under investigation, or while an action was pending? *   | <input type="checkbox"/> | <input type="checkbox"/> |
|  | c) Are you currently under investigation, involved in a hearing, trial, administrative proceeding or other action by the authority that issued the license or registration? *  | <input type="checkbox"/> | <input type="checkbox"/> |
|  | d) Have you ever received an adverse decision or judgment against you in a criminal, civil, or administrative action related to your business or professional activities? *  | <input type="checkbox"/> | <input type="checkbox"/> |
|  | e) Have you ever acted, or attempted to act, in a regulated profession at a time when you were not licensed or legally authorized? *   | <input type="checkbox"/> | <input type="checkbox"/> |
|  | f) Have you ever had an application for a license or registration denied or issued with restrictions or limitations? *   | <input type="checkbox"/> | <input type="checkbox"/> |
|  | g) Have you ever been terminated from any employment for burglary, embezzlement, larceny, piracy, robbery, shoplifting, arson, theft, fraud, or dishonesty?  | <input type="checkbox"/> | <input type="checkbox"/> |
| * Include if you were a participant in a partnership, corporation, or other business entity that was the subject of such action. |  |                          |                          |
| 3  | Civil & Financial Disclosure   | YES                      | NO                       |
|  | a) Have you ever received an adverse decision or judgment against you related to a real property matter? *   | <input type="checkbox"/> | <input type="checkbox"/> |
|  | b) Do you have any unsatisfied judgments or liens against you? *   | <input type="checkbox"/> | <input type="checkbox"/> |
|  | c) Are you currently in arrears for child support? *   | <input type="checkbox"/> | <input type="checkbox"/> |
|  | d) Have you filed bankruptcy (personal or professional) in the past ten years? *   | <input type="checkbox"/> | <input type="checkbox"/> |

|   |  |   |
|---|--|---|
|   | e) Are you currently awaiting trial or a Court verdict in any civil proceedings (not including divorce or child custody)? *  | <input type="checkbox"/> <input type="checkbox"/> |
|   | Include if you were a participant in a partnership, corporation, or other business entity that was the subject of such action.   |   |
| 4 | If you answered "yes" to any of the questions in this section, <b>you must</b> send the following with this application  |   |
|   | a) A detailed, written statement of explanation. Include dates, location, involved agencies and/or courts, nature, circumstances and disposition. Date and sign your written statement.  |   |
|   | b) If the incident(s) occurred in the past ten years, copies of official documents that confirm the nature and current status or disposition. Documents not required for bankruptcy (still must submit a above).<br>You may attach additional information for consideration during the background check process. |   |
| 5 | You must have two (2) persons (not related) attest that you are worthy of public trust in performing auction services. Refer to Pages 8 and 9 for completion.  |   |

| SECTION C  |      | LICENSE HISTORY |             |  |                          |
|--|------|-----------------|-------------|--|--------------------------|
| Have you previously submitted any application information to, been tested by or licensed with the Mississippi Auctioneer Commission?   |      |                 |             | <input type="checkbox"/> YES <input type="checkbox"/> NO |                          |
| List all licenses or registrations you have ever held to engage in any regulated occupation, trade, or profession. Include any pending or denied applications.   |      |                 |             |  |                          |
| STATE  | TYPE | LICENSE NUMBER  | DATE ISSUED | CURRENT YES NO   |                          |
|  |      |                 |             | <input type="checkbox"/>                                 | <input type="checkbox"/> |
|  |      |                 |             | <input type="checkbox"/>                                 | <input type="checkbox"/> |
|  |      |                 |             | <input type="checkbox"/>                                 | <input type="checkbox"/> |
|  |      |                 |             | <input type="checkbox"/>                                 | <input type="checkbox"/> |
|  |      |                 |             | <input type="checkbox"/>                                 | <input type="checkbox"/> |
| <b>Please request a letter of good standing from EACH state that you are currently licensed in. Request that this letter be sent via email, fax or mail directly from the state of jurisdiction. This is required for licensing.</b> |      |                 |             |  |                          |

| SECTION D  |                 | EMPLOYMENT HISTORY                                       |        |  |
|--|-----------------|--|--------|--|
| Are you presently employed?  |                 | <input type="checkbox"/> YES <input type="checkbox"/> NO |        |  |
| List all places of employment during the past (5) years, listing your current employer first. If you are self-employed, provide detail |                 |  |        |  |
| 1. Name of Company   | City            | State  | Zip    |  |
| Position Held  | From Month/Year | To Month/Year  | Duties |  |
| 2. Name of Company   | City            | State  | Zip    |  |
| Position Held  | From Month/Year | To Month/Year  | Duties |  |
| 3. Name of Company   | City            | State  | Zip    |  |
| Position Held  | From Month/Year | To Month/Year  | Duties |  |

|                    |                 |               |        |
|--------------------|-----------------|---------------|--------|
| 4. Name of Company | City            | State         | Zip    |
| Position Held      | From Month/Year | To Month/Year | Duties |
| 5. Name of Company | City            | State         | Zip    |
| Position Held      | From Month/Year | To Month/Year | Duties |

| <b>SECTION E</b>  |  | <b>BOND INFORMATION</b> |  |
|---|--|-------------------------|--|
| Name of Bonding Company   |  |                         |  |
| Agent's Name  |  |                         |  |
| Agent's Phone   |  |                         |  |
| Agent's Email   |  |                         |  |
| Issue Date  |  |                         |  |
| Expiration Date (If continuous, please state)   |  |                         |  |
| <p>The Mississippi Auctioneer Commission Bond must be completed by the bond agent and returned (along with the Power of Attorney) within 30 days of application submittal. No license(s) will be issued until received. The Bond form can be located under the "Forms" tab on the website (<a href="http://www.auctioneers.ms.gov">www.auctioneers.ms.gov</a>).</p> |  |                         |  |

| <b>SECTION F</b>   |                          | <b>REQUIRED ATTACHMENTS AND STATEMENTS</b> |                          |    |
|--|--------------------------|--|--------------------------|----|
| I have attached an official copy of my current voter registration card. If a card is not available, submit validation from the Circuit Clerk in your county stating that there is not one available. | <input type="checkbox"/> | YES  | <input type="checkbox"/> | NO |
| I have attached a clear photocopy of my driver's license.  | <input type="checkbox"/> | YES  | <input type="checkbox"/> | NO |
| I have read the Mississippi Auctioneer License Law and the Rules and Regulations of the Mississippi Auctioneer Commission.   | <input type="checkbox"/> | YES  | <input type="checkbox"/> | NO |
| I have attached a copy of my diploma/transcript from Auctioneer School.  | <input type="checkbox"/> | YES  | <input type="checkbox"/> | NO |



**Affidavit of Applicant:**

**This Affidavit is to be executed by the applicant before a Notary Public.**

**The undersigned, in making this application to the Mississippi Auctioneer Commission, does hereby swear or affirms that he/she is the applicant named herein and that the answers and the information contained herein are true to the best of his/her knowledge and belief.**

\_\_\_\_\_  
**Signature of Applicant**

**Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.**

**My commission expires \_\_\_\_\_.**

**Notary seal**

\_\_\_\_\_  
**Notary Public**

**STATEMENT OF REFERENCE**

I, \_\_\_\_\_, do hereby certify that I am not related to \_\_\_\_\_, the foregoing applicant: that I have been personally acquainted with the applicant for the past two years, and that I know that the applicant bears a good reputation for honesty, truthfulness and fair dealing, and that he/she is competent to transact the business of an Auctioneer, in such a manner as to safeguard the interest of the public, and I do hereby recommend that license be granted to the applicant.

Signature: \_\_\_\_\_

Relationship to Applicant:  Work-related  Friend  Other (Specify): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

Notary Public in and for \_\_\_\_\_ County.

Notary Seal

My Commission Expires: \_\_\_\_\_

**STATEMENT OF REFERENCE**

I, \_\_\_\_\_, do hereby certify that I am not related to \_\_\_\_\_, the foregoing applicant: that I have been personally acquainted with the applicant for the past two years, and that I know that the applicant bears a good reputation for honesty, truthfulness and fair dealing, and that he/she is competent to transact the business of an Auctioneer, in such a manner as to safeguard the interest of the public, and I do hereby recommend that license be granted to the applicant.

Signature: \_\_\_\_\_

Relationship to Applicant:  Work-related  Friend  Other (Specify): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

Notary Public in and for \_\_\_\_\_ County.

Notary Seal

My Commission Expires: \_\_\_\_\_