

As a result of Governor Ron DeSantis signing HB 1091 into law, initial licensure fees are reduced by 50% for Fiscal Years 2023/2024 and 2024/2025.

The total amount to be submitted for this application for licensure as an Auctioneer based on **Education or Apprenticeship** has been reduced from \$438.50 to \$363.50

Please submit payment in the amount of \$363.50 with this application.

The total amount to be submitted for application for licensure based on **reciprocity or endorsement** has been reduced from \$230 to \$155.

Please submit payment in the amount of \$155 with this application.

State of Florida
Department of Business and Professional Regulation
Board of Auctioneers
Application for Initial Licensure as Auctioneer
Form # DBPR AU-4153

APPLICATION CHECKLIST – IMPORTANT – Submit items on the checklist below with your application to ensure faster processing. Always keep a copy of your application and any supporting documents submitted to the Department.

TRANSACTION	APPLICATION REQUIREMENTS
Initial Licensure by Exam based on Education	<ul style="list-style-type: none"> <input type="checkbox"/> Pay \$438.50 fee (make check payable to the Department of Business and Professional Regulation) <input type="checkbox"/> Complete application <input type="checkbox"/> Supply documentation as requested in background questions (if applicable) <input type="checkbox"/> Have School Official complete and mail to the Department Section VI, Auction School Verification form.
Initial Licensure by Exam based on Apprenticeship	<ul style="list-style-type: none"> <input type="checkbox"/> Pay \$438.50 fee (make check payable to the Department of Business and Professional Regulation) <input type="checkbox"/> Complete application <input type="checkbox"/> Submit Apprentice Activity Form for each auction that participation credit is claimed <input type="checkbox"/> Supply documentation as requested in background questions (if applicable)
Licensure by Reciprocity/Endorsement	<ul style="list-style-type: none"> <input type="checkbox"/> Pay \$230 fee (make check payable to the Department of Business and Professional Regulation) <input type="checkbox"/> Complete application <input type="checkbox"/> Supply documentation as requested in background questions (if applicable) <input type="checkbox"/> Have state Board complete and mail to the Department Section VII, Licensure Verification form.

Please mail your completed application, documentation and required fee(s) to:
 Department of Business and Professional Regulation
 2601 Blair Stone Road
 Tallahassee, FL 32399-0783

METHOD OF QUALIFICATION
<p><input type="checkbox"/> Education; completed a course of study, consisting of not less than 80 classroom hours of instructions, that meets standards adopted by the board. Section VI, The Auction School Evaluation form must be completed, Part I by the applicant, and Part II by the auctioneer school and returned directly to the Department of Business and Professional Regulation.</p>
<p><input type="checkbox"/> Apprenticeship; must actively participate in at least 80 hours of auction sales during a 1 year period of apprenticeship and actively participate in each phase of an auction at least five times during the apprenticeship. Record of each auction for which participation credit is claimed must be made on Apprentice Activity Form and must be submitted with this application.</p>
<p><input type="checkbox"/> Reciprocity/Endorsement; holds a valid license to practice auctioneering in another state, provided that the requirements for licensure in that state are substantially equivalent to or more stringent than those existing in this state. You will not be required to take an examination if you qualify under the reciprocity / endorsement guidelines. Section VII, The Licensure Verification form must be completed, Part I by the applicant, and Part II by the state board. If the state is not considered equivalent, you must apply for examination. For a list of equivalent states, please visit: http://www.myfloridalicense.com/dbpr/pro/auct/documents/auct_state_list.pdf.</p>

General Information:

Licenses expire November 30 of every **ODD** numbered year. It is your responsibility to renew your license(s) and keep us informed, in writing, of any address changes.

Application Instructions

- a. **Section I**
 - i. Indicate which license or registration type you are applying for. Check only one of the application types.
- b. **Section II**
 - i. Fill out each section completely.
 - ii. In the Full Legal Name section, applicants must use the name as it appears on his or her Social Security card. Do not use nicknames or initials.
 - iii. Applicants must furnish their current mailing address.
 - iv. If applying by reciprocity/endorsement you must include your license number.
- c. **Section III (a), (b), and (c)**
 - i. Question 1:
 - (1) If you answer "yes" to this question, you must complete Section III (b) of the application and provide a copy of the arrest report, copies of the disposition or final order(s), and documentation proving all sanctions have been served and satisfied. **You must supply this documentation for each occurrence.** If you are unable to supply this documentation, a certified statement from the clerk of court for the relevant jurisdiction stating the status of records is required.
 - (2) If you are still on probation, you must supply a letter from your probation officer, on official letterhead, stating the status of your probation.
 - ii. Question 2:
 - (1) If you answer "yes" to this question, you must complete Section III (b) of the application and provide a copy of the judgment or decree. You must also supply documentation proving all sanctions have been served and satisfied, or if not, stating the current status of any proceedings.
 - iii. Question 3:
 - (1) If you answer "yes" to this question, you must complete Section III (c) of the application and supply copies of documentation explaining the denial or pending action.
 - iv. Question 4:
 - (1) If you answer "yes" to this question, you must complete Section III (c) of the application and supply copies of the order(s) showing the disciplinary action taken against the license, or documentation showing the status of the pending action.
- d. **Section IV**
 - i. Required to be completed if applying for licensure by education or by apprenticeship.
- e. **Section V**
 - i. Please read and sign the affirmation by written declaration.
 - ii. If the applicant fails to sign the affirmation statement, the Department will not process the application.
- f. **Section VI**
 - i. Required to be completed by auctioneer school when applying for licensure by education.
- g. **Section VII**
 - i. If applying by reciprocity this form must be completed by the state board the applicant is licensed in or provides a licensure certification from the state board.

State of Florida
Department of Business and Professional Regulation
Board of Auctioneers
Application for Initial Licensure as Auctioneer
Form # DBPR AU-4153

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation Customer Contact Center at **850.487.1395**.
For additional information see the Instructions at the beginning of this application.

Section I – Application Type

CHECK ONLY ONE OF THE APPLICATION TYPES
<input type="checkbox"/> Licensure as Auctioneer Based on Education [4802/1010]
<input type="checkbox"/> Licensure as Auctioneer Based on Apprenticeship [4802/1012]
<input type="checkbox"/> Licensure as Auctioneer Based on Reciprocity/Endorsement [4802/1031]

Section II – Applicant Information

APPLICANT INFORMATION			
Social Security Number*			
FULL LEGAL NAME			
Last/Surname	First	Middle	Suffix
Birth Date (MM/DD/YYYY) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
MAILING ADDRESS			
Street Address or P.O. Box			
City	State	Zip Code (+4 optional)	
County (if Florida address)		Country	
CONTACT INFORMATION			
Primary Phone Number	Primary E-Mail Address		
BUSINESS LOCATION ADDRESS			
Business/Firm Name			
Street Address			
City	State	Zip Code (+4 optional)	
County (if Florida address)		Country	

* The disclosure of your Social Security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business and Professional Regulation pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Department of Business and Professional Regulation to identify licensees for tax administration purposes.



Section II – Applicant Information – continued

RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)			
Street Address			
City		State	Zip Code (+4 optional)
County (if Florida address)		Country	
ADDITIONAL CONTACT INFORMATION (OPTIONAL)			
Alternate Phone Number		Fax Number	
Alternate E-mail Address			
CURRENT/PRIOR LICENSE INFORMATION			
If you currently hold or have previously held a business or professional license/registration in Florida or elsewhere, please list each one below (attach additional copies of this page as necessary):			
1. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
2. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
3. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
PRIOR NAME INFORMATION			
Have you used, been known as, or are currently known by another name (e.g., maiden name or nickname) or alias other than the name signed to the application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If your answer is yes, state name or names used below:			
Last/Surname	First	Middle	Suffix
Last/Surname	First	Middle	Suffix
Last/Surname	First	Middle	Suffix

Section III (a) – Background Questions

BACKGROUND QUESTIONS			
1.	<input type="checkbox"/> Yes (If yes, please complete Section III (b))	<input type="checkbox"/> No	Have you ever been convicted or found guilty of, or entered a plea of nolo contendere or guilty to, regardless of adjudication, a crime in any jurisdiction, or are you currently under criminal investigation? This question applies to any criminal violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." YOUR ANSWER TO THIS QUESTION MAY BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
2.	<input type="checkbox"/> Yes (If yes, please complete Section III (b))	<input type="checkbox"/> No	Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession or nation, related to the practice or profession for which you are applying, or is there any such case or investigation pending?
3.	<input type="checkbox"/> Yes (If yes, please complete Section III (c))	<input type="checkbox"/> No	Have you ever had an application for registration, certification, or licensure in Florida or in any other jurisdiction denied, or is there now pending a proceeding or investigation to deny such an application?
4.	<input type="checkbox"/> Yes (If yes, please complete Section III (c))	<input type="checkbox"/> No	Has any license, registration, or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or otherwise disciplined in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?

If you answered "YES" to any question in questions 1-4 above, please refer to application instructions for details on providing complete explanations, including requirements for submitting supporting legal documents. Please complete Section III (b) for your response to questions 1 and 2, and complete Section III (c) for your response to questions 3 and 4. If you have more than two offenses to document in Section III (b), or more than one offense to document in Section III (c), attach additional pages as necessary.

Section III (b) – Explanation(s) for Background Questions 1 and 2

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	

Section III (b) – Explanation(s) for Background Questions 1 and 2 – continued

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	

Section III (c) – Explanation(s) for Background Questions 3 and 4

EXPLANATION	

Section IV – Examination Information

EXAMINATION INFORMATION
Americans with Disabilities Act (ADA) and Disability Accommodation. In accordance with Chapter 61-11.008, Florida Administrative Code, if you have a disability and you need special assistance with the examination process please call the Bureau of Education and Testing at (850)487-9755 immediately.
Have you previously applied for an Auctioneer License? Yes <input type="checkbox"/> No <input type="checkbox"/>
If the answer is "Yes," please provide the date. ____ / ____ / ____.

Section V - Affirmation By Written Declaration

AFFIRMATION BY WRITTEN DECLARATION	
I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.	
Signature:	Date:
Print Name:	

Section VI - Auction School Evaluation

PART I			
Part I is to be completed by the applicant.			
Applicant Name	Graduation Date		
Name of School Attended			
School Address	City	State	ZIP
PART II			
Part II of this form must be completed by a School Official and returned to the Department of Business and Professional Regulation at the address shown at the bottom of the page.			
Name of School Official		Name of School	
1.	How many hours of classroom instruction did the applicant complete in order to graduate from your auction school? Note: Base your response on a definition of one classroom hour equals 50 minutes of instruction by an individual listed as an instructor in your school catalog. _____		
2.	Place an X in the box next to each subject listed below which was included in the course the applicant completed at your auction school.		
	<input type="checkbox"/>	Drafting and executing contracts for auction services	
	<input type="checkbox"/>	Preparation and lot division of goods to be sold	
	<input type="checkbox"/>	Conduct of auction including proper bid calling	
	<input type="checkbox"/>	Record keeping at auction and maintenance of records required by law	
	<input type="checkbox"/>	Preparation and completion of final settlement after auction	
	<input type="checkbox"/>	Laws relating to laws of agency and the Uniform Commercial Code as it relates to auctioneering	
	<input type="checkbox"/>	Laws relating to regulation of auctioneers	

AFFIRMATION STATEMENT	
I hereby certify that the above information is true and correct to the best of my knowledge.	
Signature of Individual Completing Form _____	Date ____ / ____ / ____

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation Customer Contact Center at **850.487.1395**.

Please mail School Evaluation to:
 Department of Business and Professional Regulation
 2601 Blair Stone Road
 Tallahassee, FL 32399-0783

Section VII - Licensure Verification

The individual listed below has applied to the Florida Board of Auctioneers for licensure. Before further consideration is given to the application, we need to receive the following information provided in the sections below.

PART I	
Part I is to be completed by the applicant.	
Applicant Name _____	License Number _____
PART II	
Part II is to be completed by state Board and returned directly to the Department of Business and Professional Regulation at the address listed below.	
Title of License _____	Date of Original Issue ____ / ____ / ____
<p>1. This license is</p> <p><input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Current <input type="checkbox"/> Inactive</p> <p><input type="checkbox"/> Other (Please explain) _____</p> <p>_____</p>	
<p>2. This license was obtained by</p> <p><input type="checkbox"/> Examination <input type="checkbox"/> Without Examination <input type="checkbox"/> Grandfathering <input type="checkbox"/> Reciprocity</p> <p><input type="checkbox"/> Endorsement of License in (Identify State) _____</p>	
ACTION TAKEN AGAINST LICENSE	
<p>3. Action Taken Against License</p> <p><input type="checkbox"/> No Disciplinary Action <input type="checkbox"/> Disciplined <input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/> Invalid</p> <p>Please explain if any type of action was taken.</p> <p>_____</p> <p>_____</p> <p>_____</p>	
AFFIRMATION STATEMENT	
I affirm that I have provided the above information completely and truthfully to the best of my knowledge.	
State Board of _____	Phone Number ____ - ____ - ____
Signature of Individual Completing Form _____	Date ____ / ____ / ____
Print Name _____	Title _____

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation Customer Contact Center at **850.487.1395**.

Please mail Licensure Verification to:
 Department of Business and Professional Regulation
 2601 Blair Stone Road
 Tallahassee, FL 32399-0783