



South Carolina Auctioneers' Commission

110 Centerview Dr. • Columbia • SC • 29210

P.O. Box 11329 • Columbia • SC 29211-1329

Phone: 803-896-4670 • Contact.Auctioneers@llr.sc.gov • Fax: 803-896-4554

llr.sc.gov/auc

AUCTIONEER LICENSE APPLICATION

Auctioneer applicants must either: (1) be licensed in a reciprocal state; (2) have completed a one-year apprentice auctioneer program in South Carolina; or (3) have successfully completed an accredited auction school.

Non-reciprocal applicants must take the Auctioneers Exam and pay the \$25 exam fee to the outside exam provider.

Include with your application:

- Application fee in the form of a check or money order (no cash) in the amount of \$410 (\$300 license fee, \$100 recovery fund fee, and \$10 credit report fee). (All fees are non-refundable. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.)
• Copy of your valid Driver's License, State Issued ID, Passport or Military ID
• Copy of your Social Security Card
• Notarized verification of lawful presence
• Notarized escrow/trust account certification affidavit
• Current 2x2 passport-type photograph
• Legal documentation of name change (marriage certificate, divorce decree, etc.), if applicable
• Official statewide background check from your state(s) of residence. (South Carolina residents must use www.sled.sc.gov)
• A copy of an auction school diploma or a notarized evaluation statement from the apprentice supervisor
• Non-resident applicants must submit a notarized Designation of Agent for the Service of Process Form

Have sent to the Commission by issuing agency:

- A license verification from applicant's resident state licensing board or commission, indicating that the license in that state is current and in good standing, and sent directly from the state agency to the South Carolina Auctioneers' Commission, if applicable

INDICATE BELOW THE CATEGORY IN WHICH YOU ARE BASING YOUR QUALIFICATION:

- [ ] Completion of an apprenticeship under the supervision of a licensed auctioneer prior to making application for license. (Attach notarized statement from the supervising auctioneer)
[ ] Graduate of an approved school of auctioneering. (Attach copy of diploma)
[ ] Reciprocal applicant. (Submit a license verification from applicant's resident state licensing board or commission, indicating that the license in that state is current and in good standing, and sent directly from the state agency to the South Carolina Auctioneers' Commission)

APPLICANT INFORMATION

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Have you ever legally changed your name? [ ] Yes [ ] No Former Name: \_\_\_\_\_

If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, etc.)

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(If different than above)

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Gender: [ ] Female [ ] Male

(For statistical purposes only)

**PRIOR RESIDENCES**

List all places of residence during the last five years. (Attach additional sheet if needed)

ADDRESS	From (mo/yr)	To (mo/yr)

**EDUCATION INFORMATION**

List your Auctioneering schools. Attach a copy of your diploma.

NAME OF SCHOOL	LOCATION (City and State or Country)	GRADUATION DATE	DEGREE

**PREVIOUS EMPLOYMENT**

List all places of employment during the past 5 years – list present employment first. (Attach additional sheet if needed)

COMPANY NAME	ADDRESS	POSITION	From (mo/yr)	To (mo/yr)

**AUCTIONEERING EXPERIENCE INFORMATION**

Have you ever held any auctioneering license in S.C. or elsewhere?

Yes  No

STATE	DATE OF LICENSURE	EXPIRATION DATE	TYPE OF LICENSE (Auctioneer, Auctioneer Apprentice, Auction Firm)

List all types of Auctions conducted within the last 36 months:

Real Estate  Household  Estate  Farm Machinery  None/Not Applicable

**DISCIPLINARY QUESTIONS**

Answer the following questions. You are required to attach written explanations and/or legal documentation for any questions you answer "Yes" on. You may upload a supplemental sheet or mail in to the Board office.

- 1. Have you ever been denied any auctioneering license in any other state or jurisdiction?  Yes  No
- 2. Have you ever had any auctioneering license reprimanded, suspended, revoked, or otherwise disciplined by a state auctioneer’s board or commission?  Yes  No
- 3. Have you ever surrendered any auctioneering license to any state auctioneer’s board or commission?  Yes  No
- 4. Have you ever been convicted of or pled guilty or nolo contendere in the US or foreign country to a felony or any offense of fraud, conspiracy to defraud or other like offense?

If yes, in addition to the documents listed above, a criminal background check must be provided from the state in which the conviction occurred along with the court disposition and any other pertinent documentation. For South Carolina criminal background reports contact SLED at [www.sled.sc.gov](http://www.sled.sc.gov). Out-of-state applicants may submit a state-issued report, or any report generated by an accredited agency on PBSA’s website found here: [www.thepbsa.org](http://www.thepbsa.org). All criminal background reports must not be older than thirty (30) days from the date of application.  Yes  No

- 5. Have there been any judgements, liens or claims filed against you in the past 5 years?  Yes  No
- 6. Have you read and understood the South Carolina Auctioneer’s Law and the Rules and Regulations of the Commission?  Yes  No

**ATTESTATION AND SIGNATURE**

I, \_\_\_\_\_, am the person described and identified, and the person named in all documents presented in support of this application. I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare that all statements made by me herein are true and correct. Should I furnish any false or incomplete information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of this license in South Carolina.

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_  
Date

Sworn and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Signature: \_\_\_\_\_ (SEAL)  
Print Notary Name: \_\_\_\_\_  
Notary Public for the State of: \_\_\_\_\_  
Commission Expiration Date: \_\_\_\_\_

Attach a recent full-face  
2” x 2” color photo

No copies

Sign and date photo

Do not staple

## **PRIVACY DISCLOSURE**

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.



STATE OF SOUTH CAROLINA  
DEPARTMENT OF LABOR, LICENSING AND REGULATION  
**VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES**  
**AFFIDAVIT OF ELIGIBILITY**



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

**Section A: LAWFUL PRESENCE in the United States.**

The undersigned \_\_\_\_\_, of \_\_\_\_\_,  
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)  
 being first duly sworn deposes and states as follows:

**Check only one box:**

1. I am a United States citizen; or
2. I am a Legal Permanent Resident of the United States eighteen years of age or older; or
3. I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.
4. Other: \_\_\_\_\_ Please submit any documentation that supports this status.

Date of Birth: \_\_\_\_\_

Alien Number: \_\_\_\_\_ I-94 Number: \_\_\_\_\_

**(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)**

**Section B: ATTESTATION.**

**I understand** that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

**I understand** that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

**I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.**

\_\_\_\_\_  
Signature of Affiant

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Print Name

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

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

## INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

### **CHECK box 1:**

If you are a United States Citizen by birth or naturalization

### **CHECK box 2:**

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

### **CHECK box 3:**

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

### **ACCEPTED IMMIGRATION DOCUMENTS:**

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)



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**\*\*\*FOR NON-RESIDENT APPLICANTS ONLY\*\*\***

**DESIGNATION OF AGENT FOR THE SERVICE OF PROCESS**

KNOW ALL MEN BY THESE PRESENTS:

The undersigned, \_\_\_\_\_

*(Type or print licensee's name)*

being an applicant for licensure as a non-resident auctioneer or apprentice auctioneer of the State of South Carolina, does hereby irrevocably designate and appoint the Administrator, South Carolina Department of Labor, Licensing and Regulation Auctioneers' Commission, State of South Carolina, as his (her, its) agent for the purpose of accepting service of any and all processes issued by any court located within the State of South Carolina, as well as service of all pleadings and other papers, relating in any way to any action, suit or legal proceeding arising out of or pertaining to his (her, its) duties or responsibilities as an auctioneer or apprentice auctioneer in the State of South Carolina. The undersigned further consents, stipulates and agrees that any lawful process served upon the aforesaid agent shall have the same legal force and validity as if served upon the undersigned personally within the State of South Carolina and that the authority contained herein shall continue in force and effect so long as any liability against the undersigned remains outstanding in the State of South Carolina.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn to and subscribed me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Signature: \_\_\_\_\_ (SEAL)

Notary Print Name: \_\_\_\_\_

Notary Public for the State of: \_\_\_\_\_

Commission Expiration Date: \_\_\_\_\_



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**Escrow Account Verification for Auctioneers**

Pursuant to **S.C. Code, Section 40-6-300**, a licensee must maintain and deposit funds in a trust/escrow account with an insured bank or savings and loan association if auction proceeds are held by the licensee more than three (3) business days. The Commission or its designated representative may examine the account for investigation or inspection purposes. Licensees must notify the Commission immediately by certified mail, return receipt requested, of any account changes. The following authorization and account information is required for licensure and renewal purposes. Complete the appropriate sections below which apply to your business policy.

**This form must be properly notarized and sealed.**

**To be exempt from the escrow account requirement, I hereby certify that auction proceeds are paid to owners/consignors within three (3) business days.**

Applicant or Licensee Signature: \_\_\_\_\_ License No. \_\_\_\_\_  
*(If applicant, indicate "pending")*

**I authorize the Auctioneers' Commission or its designated representative to examine any information regarding the escrow account herein indicated.**

Applicant or Licensee Signature: \_\_\_\_\_ License No. \_\_\_\_\_  
*(If applicant, indicate "pending")*

Account Holder's Name: \_\_\_\_\_ Account No. \_\_\_\_\_

Bank Name: \_\_\_\_\_ Bank Phone: \_\_\_\_\_

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

**I hereby certify I am employed by another licensed auctioneer, licensed auction firm, real estate broker-in-charge, or real estate firm that maintains an active escrow account used solely for the purpose of holding funds of others in relation to auctions.**

Account Holder's Name: \_\_\_\_\_ Account No. \_\_\_\_\_

Bank Name: \_\_\_\_\_ Bank Phone: \_\_\_\_\_

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

Applicant or Licensee Signature: \_\_\_\_\_ License No. \_\_\_\_\_  
*(If applicant, indicate "pending")*

Principal Employer Signature: \_\_\_\_\_ License No. \_\_\_\_\_  
*(If applicant, indicate "pending")*

Sworn to and subscribed me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Signature: \_\_\_\_\_ (SEAL)

Notary Print Name: \_\_\_\_\_

Notary Public for the State of: \_\_\_\_\_

Commission Expiration Date: \_\_\_\_\_