



STATE OF ILLINOIS

AUCTIONEER 441

Application for Licensure By

RECIPROCITY

Under the

Auction License Act

Public Act 91-0603

**ILLINOIS DEPARTMENT OF FINANCIAL
AND PROFESSIONAL REGULATION**

**Division of Real Estate
320 West Washington Street
Springfield, IL 62786**

LICENSURE APPLICATION

STATE OF ILLINOIS
ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF REAL ESTATE
800/560-6420

Auctioneer Profession

- PART I. 1. Application for the following profession and licensure method** - Please indicate the profession name (AUCTIONEER) for which you are applying. The licensure method is on the basis of **Reciprocity**.
Please read the following to determine the appropriate licensure method.

QUALIFICATIONS/INSTRUCTIONS FOR LICENSURE on the basis of RECIPROCITY:

- a) You must be 18 years of age.
- b) You must have graduated from high school or its equivalent (e.g., G.E.D).
- c) You must hold a current license, in good standing, in a state with which Illinois has a written agreement for reciprocity.
- d) **Real Estate Auctions**-You must hold a current Illinois Real Estate license in order to conduct real estate auctions in Illinois.

IF YOU DO NOT MEET THE ABOVE QUALIFICATIONS, YOU MUST APPLY FOR LICENSURE ON THE BASIS OF EXAMINATION.

- PART II. 1. Name** - Please enter your full name.

2. **Social Security Number** - Your **Social Security number is required** to be on your application. Release of your Social Security number will be in accordance with the Federal Privacy Act of 1974, Section 7(b). The Illinois Department of Financial and Professional Regulation will only release your social security number to the following entities; Illinois Department of Revenue regarding arrearage on Illinois taxes due, Illinois Department of Public Aid regarding delinquent court ordered child support and the Illinois Student Assistance Commission regarding delinquent student loans. Social Security numbers are not public information and will not be released to the general public.
3. **Street Address Required** – Indicate your complete street address. If you have a P. O. Box you may indicate it in **addition** to the street address. Any subsequent change of address must be submitted in writing to the Illinois Department of Financial and Professional Regulation within 24 hours of the change.
4. **Place of Birth** – Indicate the city and state in which you were born.
5. **Date of Birth** – Indicate your complete date of birth.
6. **Sex** - Indicate F for Female or M for Male.
7. **Telephone Number(s)** Indicate your daytime and evening phone numbers.

PART III. LICENSURE HISTORY

- A. State of Original Licensure** – Indicate the state from which you received your original licensure as an Auctioneer.

1. Check the correct profession title.
2. Indicate the License Number.
3. Indicate the Original Issue Date.
4. Indicate the Current Status of your auctioneer original state of licensure.

- B. State(s) of Current Licensure** – Indicate the state(s) for which you currently hold an auctioneer license.

1. Check the correct profession title.
2. Indicate the License Number(s).
3. Indicate the Original Issue Dates(s) for each license.
4. Indicate the Current Status of your auctioneer(s) license(s).

C. Other State(s) of Licensure – Indicate the state from which you received your original licensure as an Auctioneer.

1. Check the correct profession title.
2. Indicate the License Number(s).
3. Indicate the Original Issue Date(s) for each license.
4. Indicate the Current Status for each license.

PART IV. Personal History Questions – You must answer each personal history question.

PART VI. Non-Resident Consent and Certifying Statements – Read the certifying statements in their entirety to ensure your understanding. Indicate your printed name, title and date. Affix your signature. All information contained within your application is subject to audit.

PART VII. CERTIFICATION OF LICENSURE HISTORY

1. Please complete the top portion of the Certification of Licensure History. You may duplicate this form as needed. In addition you may wish to contact your states of licensure to see if a fee is required to obtain a certification of your licensure history.
2. Forward the completed form with the appropriate fee (if applicable) to your state(s) of licensure. The form is to be completed by the state verifying your licensure history and returned to you to be submitted with your application for licensure.

CONSENT TO EXAMINE AND AUDIT SPECIAL ACCOUNTS – Mark the appropriate box regarding escrow/special accounts. If you do not accept escrow monies and do not hold monies belonging to others then mark the appropriate box and continue with Part C.

Part A – AUCTIONEER/AUCTION FIRM INFORMATION

1. Name of Auctioneer or Auction Firm – Indicate the name of the auctioneer/auction firm.
2. Street Address – Indicate the street address of the auctioneer/auction firm.
3. Name of Responsible Person – Indicate the name of the responsible person
4. Street Address of Responsible Person – Indicate the street address for the responsible person
5. License Number – Indicate the auctioneer/auction firm license number for which accounts are held.
6. Social Security or FEIN Number – Indicate the social security number for auctioneer or FEIN for an auction firm.

Part B – DEPOSITORY AT WHICH SPECIAL ACCOUNT(S) ARE MAINTAINED Please complete a separate consent to examine and audit form for each account.

1. Name and Address of Federally Insured Depository - Indicate the name and street address of the federally insured depository, Bank or Savings and Loan Association at which you maintain accounts.
2. List those Persons Authorized to Withdraw Funds from the Special Accounts – Indicate the person(s) name, title and license number (if applicable) that is/are authorized to withdraw funds from this account.

Part C – AUTHORIZATION TO EXAMINE AND AUDIT

1. Printed Name, License Number and Date – Indicate the printed name of the Managing Auctioneer, their license number and the date for which this form is being completed.
2. Signature – The managing auctioneer is to sign and date the consent to examine and audit.

NOTE. Please read the entire instructions before completing the application. Complete only the necessary steps that apply to you. To obtain assistance in completing this application, please call 800-560-6420 - (TTY) 866-325-4949.

Check List

<input type="checkbox"/> Licensure application completed & signed	<input type="checkbox"/> Licensure Fee Enclosed
<input type="checkbox"/> All personal history questions answered	Total Fee Required Auctioneer
<input type="checkbox"/> Certification of licensure	Initial Application Licensure Fee \$200
<input type="checkbox"/> 45 day permit (sponsor card) – completed and signed by Managing Auctioneer.	ALL FEES ARE NON-REFUNDABLE
(Auctioneer applicants only)	
<input type="checkbox"/> Consent to Examine and Audit – Completed and signed	

Mail application with all supporting documentation and fee to:

Illinois Department of Financial and Professional Regulation
Division of Real Estate
320 West Washington Street, 3rd Floor
Springfield, IL 62786



**AUCTIONEER
RECIPROCITY APPLICATION**

Illinois Department of Financial and Professional Regulation
320 West Washington Street
Springfield, IL 62786
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PART I. APPLICATION FOR THE FOLLOWING PROFESSION on the basis of RECIPROCITY

AUCTIONEER 441

PART II. APPLICANT'S PERSONAL INFORMATION

1. NAME (Last , First and Middle)	2. SOCIAL SECURITY NUMBER (Required)							
3. STREET ADDRESS – (If your mailing address is a P.O. Box, enter street address in addition)-Any change of address must be submitted in writing to the Illinois Department of Financial and Professional Regulation within 24 hours of change.								
Street Address and P.O. Box – if applicable								
City, State Zip Code								
Email								
4. Place of Birth	5. Date of Birth	6. Sex						
City and State	<table style="margin:auto; border:none;"> <tr> <td style="border:none;">_____</td> <td style="border:none;">_____</td> <td style="border:none;">_____</td> </tr> <tr> <td style="border:none;">Month</td> <td style="border:none;">Day</td> <td style="border:none;">Year</td> </tr> </table>	_____	_____	_____	Month	Day	Year	_____
_____	_____	_____						
Month	Day	Year						
7. Telephone Number(s)								
Daytime(____) _____ - _____ Evening(____) _____ - _____								

PART III. Licensure History

State Of Original Licensure	Profession	License Number	Original Issue Date	Current Status
	<input type="checkbox"/> Auctioneer <input type="checkbox"/> Assoc/Auctioneer			
State(s) of Current Licensure	<input type="checkbox"/> Auctioneer <input type="checkbox"/> Assoc/Auctioneer			
Other State(s) of Licensure	<input type="checkbox"/> Auctioneer <input type="checkbox"/> Assoc/Auctioneer <input type="checkbox"/> Broker <input type="checkbox"/> Salesperson			



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AUCTION DIVISION
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PART V. PERSONAL HISTORY QUESTIONS (ALL MUST BE ANSWERED) YES NO

1.	Are you a high school graduate or have you received a G.E.D.?		
2.	Are you at least 18 years of age?		
3.	Have you ever been convicted of any criminal offense in any state or federal court (other than a minor traffic violation)?		
4.	Have you ever held, or do you currently hold, an auction license in Illinois or any other jurisdiction?		
5.	Have you been denied a professional license or permit or had a professional license or permit disciplined in any way by any licensing authority in Illinois or any other state/jurisdiction?		
6.	Are you more than 30 days in arrears on any court ordered child support payments?		
7.	Are you in arrears on any state taxes due to the Illinois Department of Revenue?		

NON-RESIDENT CONSENT

I hereby consent with the IDFPR that actions may be commenced against me in a court of competent jurisdiction in this State by the service of summons, process, or other pleading authorized by the law upon the Illinois Department of Financial and Professional Regulation. The consent shall stipulate and agree that service of the process, summons, or pleading upon the Agency shall be taken and held in all courts to be valid and binding as if actual service had been made upon the applicant in Illinois.

CERTIFYING STATEMENTS

I hereby attest to having read and understand the Illinois Auction Licensing Act and Rules and agree to abide by all provisions of the provisions contained therein.

I, the undersigned, hereby submit this application, and upon oath states and verifies that all statements made are true, correct and are made for the purpose of securing a license under the Illinois Auction License Act.

Typed/Printed Name of Applicant

Date

Signature of Applicant



CERTIFICATION OF LICENSURE HISTORY
Illinois Department of Financial and Professional Regulation
 Auction 800/560-6420
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COMPLETE ONLY IF YOU ARE/WERE LICENSED IN ANOTHER STATE

APPLICANT: Complete this section only and forward to the state from which you are requesting certification by a licensing agency/board. Contact certifying state for appropriate fee. You are authorized to photocopy this form as necessary.

1. Name Last	First	Middle	2. Date of Birth	3. Social Security Number
4. Address Street, City State and Zip Code			5. Maiden or Given Surname	
			6. Indicate Profession for Which You Are Applying: Auctioneer_____	
7. Telephone Number: (____) _____ - _____			8. License Number:	
9. Profession name for which you are licensed in the other state. _____			10. Original Issuance Date	

I hereby authorize _____ to furnish the Illinois Department of Financial and Professional Regulation
 Name of State Licensing Agency or Board the information requested below.

Printed Name _____ Signature _____ Date _____

TO BE COMPLETED BY THE LICENSING AGENCY ONLY:

*Other forms of Certification will be accepted, provided all applicable information requested on this form is contained in the Certification. **This completed form MUST be returned directly to the applicant.***

CERTIFICATION OF LICENSURE HISTORY

A. Profession Name	B. License Number
C. Issuance Date	D. Expiration Date
E. License Status ___ Active ___ Lapsed ___ Inactive ___ Other (Explain)	F. Reciprocal Registration This State <input type="checkbox"/> does <input type="checkbox"/> does not have a reciprocal agreement with Illinois.
G. Is there now or has there ever been any disciplinary action commenced against the above applicant <input type="checkbox"/> Yes <input type="checkbox"/> No	
H. If "G" is answered yes, has there ever been any formal sanctions imposed against the applicant's license as a matter of public record including but not limited to fines, reprimand, probation, censure, revocation, suspension, surrender, restriction or limitation? (If yes, attached a certified copy of disciplinary action.) <input type="checkbox"/> Yes <input type="checkbox"/> No	

I certify that the information contained herein is true and correct according to the official records of this state.

Printed Name _____ Agency/Board Name, Street, City State, Zip Code and Telephone Number

Signature _____

Title _____

Date _____

EMBOSSSED SEAL



45-DAY PERMIT SPONSOR CARD

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
320 West Washington Street, 3rd Floor
Springfield, Illinois 62786
800/560-6420

45-DAY PERMIT SPONSOR CARD

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If you will be self-sponsored you must complete the 45-day permit on your own behalf.
This form is required to be completed in order to apply for licensure as an Auctioneer.

SPONSORED LICENSEE INFORMATION

(Note: Must be submitted within 24 hours of Issuance)

CURRENT DATE _____ LICENSE NO. _____

NAME _____ SOC SEC NO. _____

DBA(if applicable) _____

MAILING ADDRESS _____

CITY, COUNTY, STATE, ZIP CODE _____

TELEPHONE NUMBER (_ _ _) _ _ _ - _ _ _ _ EMAIL _____

SPONSORING AUCTION FIRM OR AUCTIONEER INFORMATION

AUCTIONEER OR
AUCTION FIRM NAME _____ LICENSE NO. _____

D/B/A (IF APPLICABLE) _____

MAILING ADDRESS _____

CITY, STATE, ZIP CODE _____

TELEPHONE NUMBER (_ _ _) _ _ _ - _ _ _ _ EMAIL _____

BY _____ LICENSE NO. _____

MANAGING AUCTIONEER SIGNATURE

Retain two copies, one for the sponsoring auctioneer/firm's records and one for the sponsored employee.
If you have any questions, please contact our office at 800/560-6420.

Return Original To:
Illinois Department of Financial and Professional Regulation
320 West Washington Street, 3rd Floor
Springfield, Illinois 62786

\$25 Fee*

*(NOT REQUIRED FOR NEW LICENSURE APPLICANT)



CONSENT TO EXAMINE AND AUDIT SPECIAL ACCOUNTS
Illinois Department of Financial and Professional Regulation
320 West Washington Street, 3rd Floor
Springfield, IL 62786
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Important Notice: Completion of this form is necessary to accomplish the requirements outlined in Auction License Act [Public Act 91-0603]. Disclosure of this information is **REQUIRED**. Failure to comply may result in this form not being processed. This form has been approved by the Agency Forms Coordinator.

This form is required to be completed by all auctioneer and auction firm applicants whether or not you hold special accounts or escrow monies. Please mark the appropriate box. (This form is also to be used in the event your accounts should change.)

- I have one or more special accounts, and authorize a representative of Department of Financial and Professional Regulation to examine those accounts. **(Please complete Parts A , B and C of this form.)**
- I do not accept escrow monies, and do not hold monies belonging to others. Therefore, I do not maintain any special accounts. **(Please complete Part A and C of this form.)**

PART A: AUCTIONEER/AUCTION FIRM INFORMATION

1. Name of Auctioneer or Auction Firm	4. Name of Responsible Person Other Than the Auctioneer
2. Mailing Address (Street, City, State, and Zip Code) P.O. Box if applicable Email Address:	5. Mailing Address of Responsible Person (Street, City, State and Zip Code) P. O. Box (if applicable)
3. License number (Accounts held under)	6. Social Sec or FEIN Number

PART B: DEPOSITORY AT WHICH SPECIAL ACCOUNT(S) ARE MAINTAINED.

1. Name and Street Address of Federally Insured Depository (Bank or Savings and Loan Association)

a. Name of Depository _____
Street Address _____
City, State, Zip Code _____

b. Name of Depository _____
Street Address _____
City, State, Zip Code _____

2. List Those Persons Authorized to Withdraw Funds from the Above-Named Special Account

Name	Title	License Number (if applicable)

PART C: AUTHORIZATION TO EXAMINE AND AUDIT SPECIAL ACCOUNTS LISTED ABOVE

I hereby authorize the above named-depository to allow, at any time, a duly authorized representative of Illinois Department of Financial and Professional Regulation to examine and audit the above named special account(s). I am one of the individuals listed under Part B (2) above.

Printed Name of Managing Auctioneer	License Number	Date
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Signature of Managing Auctioneer	Title
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