

South Carolina Department of Labor, Licensing and Regulation

South Carolina Auctioneers' Commission

 $110~Centerview~Dr. \bullet Columbia \bullet SC \bullet 29210\\ P.O.~Box~11329 \bullet Columbia \bullet SC~29211-1329\\ Phone:~803-896-4670 \bullet Contact.Auctioneers@llr.sc.gov \bullet Fax:~803-896-4554\\ llr.sc.gov/auc$

APPRENTICE AUCTIONEER LICENSE APPLICATION

All applicants must take the Apprentice Auctioneer 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 \$210 (\$150 license fee, \$50 recovery fund fee, and \$10 credit report fee).
 (A returned check fee of up to \$30, or an amount specified by law, <u>may</u> 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
- Official statewide background check from your state(s) of residence. (South Carolina residents must use www.sled.sc.gov)
- Legal documentation of name change (marriage certificate, divorce decree, etc.), if applicable

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

Ha Yo	ve you ev u will nee	er held any auction			☐ Yes directly to	□ No our	
Ş	STATE	DATE OF LICENSURE	EXPIRATION DATE	TYPE OF LICENSE (Auctioneer, Auctioneer Apprentice, Auc	ction Firm)		
		LICLIVOORL	DATE	(Fuctioneer, Fuctioneer Apprentice, Fuc	<u> </u>		
	st all types Real Esta		ucted within the la				
An	swer the		s. You are required	d to attach written explanations and/or legal do load a supplemental sheet or mail in to the Boa		on for	
1.	Have yo	u ever been denied	d any auctioneering	g 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?					
3.	Have yo	□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 . 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 . All criminal background reports must not be older than thirty (30) days from the date of application.						
5.	Have the	ere been any judge	ements, liens or cla	ims 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?					□ No	

Supervising Auctioneer's Endorsement of Apprentice Auctioneer

This is to certify that the above named applicant will, when properly licensed, be associated with or engaged by me in the capacity of an apprentice auctioneer, that I will exercise proper supervision over and assume responsibility for his/her acts as an apprentice auctioneer while associated with me, that to the best of my knowledge he/she is a person of honesty, truthfulness and integrity, and that I will personally appear before the Commission in connection with this application if requested to do so.

Supervising Auctioneer's Signature	Date				
Print Name of Supervising Auctioneer	License Nur	nber			
Business Name:					
Business Address:					
Street, P.O. Box, or Ro	oute	City		State	Zip
Mailing Address:					
Street, P.O. Box, or Ro	oute	City		State	Zip
ATTESTATION AND SIGNATURE					
Carolina. Signature of Applicant	Date		_		
Sworn and subscribed before me this day of			, 20	_·	
Notary Signature:	(5	SEAL)			
Print Notary Name:				Attach a re	ecent full-face
Notary Public for the State of:					color photo
Commission Expiration Date:				No	copies
				Do no	ot 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							
I am a Legal Permanent Resident of the United States eighteen years of age or older; or							
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 thisday of, 20							
Notary Signature							
Print Name							
Notary Public for							

Rev: 02-02-2015

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)

Rev: 02-02-2015



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Escrow Account Verification for Auctioneers

Pursuant to <u>S.C. Code</u>, <u>Section 40-6-300</u>, 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:									
	(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.								
Principal Employer Signature:	(If applicant, indicate "pending")								
Timesput Emproyer digitation.	(If applicant, indicate "pending")								
Sworn to and subscribed me thisday of									
Notary Signature:	(SEAL)								
Notary Print Name:	_								
Notary Public for the State of:									
Commission Expiration Date:									