



South Carolina Department of Labor, Licensing and Regulation
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

APPRENTICE AUCTIONEER LICENSE APPLICATION

Complete applications for examination must be received two weeks before the examination date.

Examination dates can be found at our website: http://llr.sc.gov/auc/exam.aspx

Include with your application:

- Application fee in the form of a check or money order (no cash) in the amount of \$235 (\$150 license fee, \$50 recovery fund fee, \$25 examination fee and \$10 credit report fee).
• 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 covering the past 5 years

Table with 2 columns: FEES, DEPOSIT. Rows include \$150 License Fee, \$50 Recovery Fund, \$25 Exam Fee, \$10 Credit Report Fee.

APPLICANT INFORMATION

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

Have you ever legally changed your name including marriage or divorce? [ ] Yes [ ] No

If yes, you are required to enclose a copy of the legal document indicating the official change.

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)

Table with 3 columns: ADDRESS, From (mo/yr), To (mo/yr). Three empty rows for data entry.

**AUCTIONEERING EXPERIENCE INFORMATION**

Have you ever held any auctioneering license in S.C. or elsewhere?  Yes  No

You will need to contact each out-of-state Board and request a license verification to be mailed directly to our Board at the above listed address. (If applicable)

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. Please provide additional information for any “Yes” answers to questions 1-6.

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 been convicted of a felony or any other crime involving fraud or moral turpitude during the preceding five years?  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

**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 Number

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street, P.O. Box, or Route
City
State
Zip

Mailing Address: \_\_\_\_\_  
Street, P.O. Box, or Route
City
State
Zip

**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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**Escrow Account Verification for Auctioneers**

Pursuant to S.C. Code, Section 40-6-155, 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 or licensed auction firm who 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")*

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: \_\_\_\_\_