



FOR PCS USE ONLY

BATES NUMBER

AMOUNT PAID

INITIALS

THE COMMONWEALTH OF PENNSYLVANIA STATE BOARD OF AUCTIONEER EXAMINERS

SCHEDULING FORM FOR THE PENNSYLVANIA AUCTIONEER EXAMINATION

Record the information requested clearly in print using a black ballpoint pen. Place a check in the appropriate box below. Omit punctuation and abbreviate as necessary.

1. STATUS: ☐ First Time Applicant ☐ Re-Examinee (if exam has only been failed once)

2. SOCIAL SECURITY NUMBER _____ - _____ - _____

3. NAME:

FIRST _____ MIDDLE _____ LAST _____

MAIDEN/PREVIOUS _____

SUFFIX _____

Title (check one) ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Miss

4. DATE OF BIRTH ____/____/____
MONTH DAY YEAR

5. MOTHER'S MAIDEN NAME: _____

6. CORRESPONDENCE INFORMATION:

ADDRESS _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE + 4 _____ FOREIGN POSTAL CODE _____

E-MAIL _____

_____-_____-_____
Daytime Telephone Number Evening Telephone Number Fax Number

7. Is this the first time you are applying for the Auctioneer Examination in Pennsylvania?

☐ Yes ☐ No If no, indicate the most recent date on which you took the examination: _____

8. Have you ever taken the Auctioneer Examination in any other jurisdiction?

☐ Yes ☐ No If yes, what jurisdiction? _____

9. Do you hold a license to practice auctioneering in another state, territory, or country?

☐ Yes ☐ No

10. Are you a graduate of the auctioneering program at Harrisburg Area Community College, Reading Area Community College, or Clarion University – Venango Campus?

☐ Yes ☐ No If yes, please request an original transcript be sent directly from the college/university to PCS and fill in the name and address of your school below.

School Name: _____

School Address: _____

11. Are you currently an apprentice auctioneer?

☐ Yes ☐ No If yes, complete Employing Auctioneer Data. If no, skip Employing Auctioneer Data.

12. Are you a U.S. citizen?

☐ Yes ☐ No

13. PLEASE ANSWER THE FOLLOWING QUESTIONS:

If you answered "yes" to questions 3-8, provide a full written explanation AND a certified copy of any and all relevant Board, court and/or legal documents, including the criminal complaint, charging documents, documentation of the final disposition and sentence imposed, as well as documentation of your successful completion of any and all of the sentencing requirements that may have been imposed.

THE FOLLOWING QUESTIONS MUST BE ANSWERED:	YES	NO
1. Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?		
2. If you answered yes to the above question, please provide the profession and state or jurisdiction.		
3. Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		
4. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
5. Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
6. Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felon or misdemeanor, including any drug law violations? Note: you are not required to disclose any ARD or other criminal matter that has been expunged by order of the court.		
7. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
8. Within five years prior to the issuance of the license in force, have you been convicted in a court of competent jurisdiction in this or any other state or in federal court of forgery, embezzlement, obtaining money under false pretenses, extortion, conspiracy to defraud or other like offenses, or at any time, have you been convicted in a court of competent jurisdiction in this or any other state or in federal court of a misdemeanor related to the profession of auctioneering or of any felony?		
9. Are you conducting sales via an online Internet bidding platform?		

- 14. CANDIDATES WITH DISABILITIES:** Candidates requiring modifications in the examination administration because of a disability must obtain an official modification form from Professional Credential Services. Candidates must complete and submit this form every time that they apply for the examination and need special modifications. The completed forms must be returned to Professional Credential Services with all the required documentation by the entry deadline.

☐ **Check this box only if requesting special modifications.**

Mail Examination Scheduling Forms to:

Professional Credential Services/PA Auctioneer
PO Box 198689
Nashville, TN 37219-8689

Contact Information:

Toll free: (877) U-TRY-PCS
Fax: (615) 846-0153
Web: www.pcshq.com

APPLICANT VERIFICATION STATEMENT:

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Applicant's Signature

Date

PA Auctioneer Payment Form

Examination Fee: \$220 for first-time candidates; \$170 for re-examinees

Three payment options are available: Certified Check, Money Order or Credit Card (no personal checks!). If paying by Certified Check or Money Order, please make it payable to "PCS" for the total amount of the examination(s) you are applying to take. DO NOT staple your payment to this form.

Please check form of payment below

- ☐ Certified Check *(Please record your Social Security Number on the check)*
- ☐ Money Order
- ☐ Credit Card

Authorized payment amount: \$ _____ Please check one: ☐ Visa ☐ MasterCard

Card Number: _____ - _____ - _____ - _____ Exp: _____ / _____

Print name as it appears on account: _____

Authorized Signature: _____

Return this payment form with Application/Scheduling Form

EMPLOYING AUCTIONEER DATA

Candidate Name (Please print):	
Candidate PA Apprentice Auctioneer License Number:	License Issue Date (mm/dd/yy):

Current Employing Auctioneer:

Employing Auctioneer Name (Please print):	Auctioneer License Number:
Employing Auctioneer Signature:	Dates Employed (mm/dd/yy): From: To:

Former Employing Auctioneer (if applicable):

Employing Auctioneer Name (Please print):	Auctioneer License Number:
Employing Auctioneer Signature:	Dates Employed (mm/dd/yy): From: To:

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Applicant's Signature

Date

- List at least 30 auctions you have conducted over the previous two years.
- Indicate what types of auctions were conducted (i.e. real estate, antique, household, etc.)
- List the name(s) of the consignor(s) for whom the auctions were performed. (If multiple consignors indicate multiple.)
- Indicate the complete address where the auctions were held. (Street address, city and state.)
- List the date(s) you conducted each auction.
- Each entry must be completed in its entirety.

A. TYPE OF AUCTION	B. CONSIGNOR	C. LOCATION	D. DATE OF AUCTION
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
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17.			
18.			

A. TYPE OF AUCTION	B. CONSIGNOR	C. LOCATION	D. DATE OF AUCTION
19.			
20.			
21.			
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23.			
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