

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING **INFORMATION FOR COMPLETING AUCTIONEER APPLICATION FORM**

AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

1. **Application for Auctioneer Registration (Form #2077)**
2. **Fee** – Must accompany the completed application. Please make check or money order payable to Department of Safety and Professional Services.

Please reference “Questions and Answers Relating to the Regulation of Auctioneers and Auction Companies in Wisconsin” (**Form #2258**) and “Advertising Requirements for Wisconsin Auctioneers and Auction Companies” (**Form #2259**) for more information on Auctioneer and Auction Company requirements.

Temporary Registration Information

A temporary registration certificate issued under Wis. Stats. § 480.08 (7) shall be valid for no more than 60 days after the date that the applicant has filed an application for registration as an auctioneer with the Department. During the 60 days, the temporary registrant must take and pass the exam or, at the end of the 60 days, cease practicing as an auctioneer. The temporary registration cannot be renewed, and the \$10.00 fee is nonrefundable.

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

APPLICATION FOR AUCTIONEER REGISTRATION

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stats. § 440.12 and 440.13).

PLEASE TYPE OR PRINT IN INK				<input type="checkbox"/> Your name, address, telephone and electronic address are available to the public. Check box to withhold address, telephone number, and email address from lists of 10 or more credential holders (Wis. Stat. § 440.14).
Last Name <input style="width:95%;" type="text"/>	First Name <input style="width:95%;" type="text"/>	MI <input style="width:95%;" type="text"/>	Former / Maiden Name(s) <input style="width:95%;" type="text"/>	
Address (street, city, state, zip) <input style="width:95%;" type="text"/>			Daytime Telephone Number <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> - <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	
Mailing Address (if different) <input style="width:95%;" type="text"/>			Date of Birth <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> / <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> / <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	
Social Security # <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> - <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> - <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>		Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.		
Ethnicity/gender status information is optional.				
Ethnicity: <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other				
Sex: <input type="checkbox"/> M <input type="checkbox"/> F				
Email Address <input style="width:95%;" type="text"/>				
Have you ever been licensed in Wisconsin as an Auctioneer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list your credential number: <input style="width:95%;" type="text"/>				
If you are a sole proprietor operating your own business and will use any name other than your personal name in advertising, enter that business name: <input style="width:95%;" type="text"/>				

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

- I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see page 2 for further information)
- Exam Applicants**
 \$ 47.00 Initial Credential Fee
 \$126.00 Exam Fee
\$173.00 Total Fee Attached
- Request for a Temporary Registration**
\$ 10.00 (required in addition to the above fee and is non-refundable)
- Reciprocal Applicants**
\$47.00 Initial Total Credential Fee Attached
- Reinstatement Applicants**
 \$ 47.00 Credential Fee
 \$126.00 Exam Fee
 \$ 25.00 Late Fee
\$198.00 Total Fee Attached

For Receiving Use Only (52)

Wisconsin Department of Safety and Professional Services

APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

- | | |
|---|---|
| <input type="checkbox"/> Application (Form #2077) and appropriate fee
<input type="checkbox"/> Convictions and Pending Charges (Form #2252), if applicable | <input type="checkbox"/> Is name on all credentials the same? If not, submit certified copy of marriage certificate, divorce decree, etc. |
|---|---|

ARE YOU A VETERAN? If yes, please view the Department website at <http://dsps.wi.gov> for eligibility requirements.

If you qualify, are you requesting a waiver of your initial credentialing fee? Yes No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number:

If you qualify, are you requesting equivalency of your Military Training and experience? Yes No

If Yes, complete and return the Veteran Request Application Addendum (**Form #2996**). This form must be included with this application.

If you qualify, are you requesting Temporary Spousal Reciprocal License? Yes No

If Yes, do not complete this form. You must complete and return the Application for Temporary Spousal Reciprocal License (**Form #2982**).

You may contact the DVA at 1-800-WisVets or www.WISVETS.com for assistance in obtaining your DVA Voucher Code and/or documents related to your training.

CONTINUING EDUCATION AND RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov> and select the "Professional Credential Renewal Information."

ANSWER THE FOLLOWING QUESTIONS (attach additional sheet(s) if necessary)

1.	Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever been convicted of a misdemeanor or a felony, or do you have any felony or misdemeanor charges pending against you? If yes, submit Convictions and Pending Charges (Form #2252).	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Are you incarcerated, on probation, or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s): <input style="width: 650px; height: 25px;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: <input style="width: 650px; height: 25px;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Wisconsin Department of Safety and Professional Services

SELLER'S SALES TAX PERMIT

Please check only one box. For further information, contact the Wisconsin Department of Revenue (DOR) at (608) 266-2776.

- I have enclosed with this application a copy of a current Wisconsin Seller's Permit from the Wisconsin Department of Revenue, which is issued in my name. My permit number(s) is/are:

- I have not obtained a Seller's Permit from the Department of Revenue, but I understand the sales tax requirements, and have concluded that all of my Auctions are exempt occasional sales and I, therefore, am not required to obtain a Seller's Permit.
- I act as an Auctioneer for more than one Auctioneer or Auction Company; any required sales taxes are collected under the Wisconsin Seller's Permit of such Auction Companies.
- I am exempt from the requirement for a Seller's Permit because I am an employee or independent contractor associated with the following registered Auctioneer or Auction Company who or which is confirming this fact with the following authorized signature:

Name of Employing Auctioneer or Auction Company:

Registration Number of Employer:

Signature of Employer (or Employer's Designee):

Printed or Typed Name of Person Signing Above:

Date Employer Signed Above:

- I am an officer of a corporation, partner of a partnership, or director of an association, which is Registering, or is Registered as an Auction Company.

Name of Auction Company:

EXPERIENCE, TEMPORARY PERMIT: (Please check applicable boxes)

- I request exemption from the examination based on Reciprocity because I hold a current license as an Auctioneer (not as an Apprentice Auctioneer) in the state(s) of: (include a copy of your current license)

Arkansas Illinois Kentucky North Carolina Tennessee Texas

- Temporary Permit Request:

I request a Temporary Registration, which will be valid for **60 days** and may not be renewed or extended. I must pass the examination and obtain a New Registration Certificate no later than the end of the **60-day period** in order to continue practicing as an Auctioneer after the Temporary Registration expires.

Note: If you are subject to a CIB review, neither temporary nor new registration certificates will be issued until paralegal review and approval. Review can take up to 30 business days.

DEADLINE FOR APPLICATION DATE IS 30-DAYS BEFORE THE DATE YOU SELECT: (Please check applicable box)

- | | |
|--|---|
| <input type="checkbox"/> December 9, 2016 | <input type="checkbox"/> August 11, 2017 |
| <input type="checkbox"/> February 10, 2017 | <input type="checkbox"/> October 13, 2017 |
| <input type="checkbox"/> April 14, 2017 | <input type="checkbox"/> December 8, 2017 |
| <input type="checkbox"/> June 09, 2017 | |

Wisconsin Department of Safety and Professional Services

CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE:

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT:

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature: Date: / /