

Wisconsin Department of Safety and Professional Services

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

CONSENT TO EXAMINE AND AUDIT AUCTIONEER TRUST ACCOUNT

A sole proprietor auctioneer or an auction company must submit this form to register a trust account after opening an account and after any change affecting an account. **The words "trust account" must appear in the name of the account listed under SECTION A or on the checks or share drafts.** If more than one account is maintained, each account must be registered with the Department of Safety and Professional Services. Refer to Section 480.16, Stats., and Chapter SPS 125, Wis. Admin. Code, for more information about auctioneer trust accounts.

SECTION A: TO BE COMPLETED BY AUCTION COMPANY OF SOLE PROPRIETOR AUCTIONEER

**ENTER NAME OF AUCTION COMPANY OR
SOLE PROPRIETOR AUCTIONEER
BUSINESS ENTITY EXACTLY AS LICENSED:** _____

ENTER TRADE NAME, IF ANY: _____

CHECK THE TYPE OF BUSINESS:

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Corporation | <input type="checkbox"/> Other (Explain) |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> LLP | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> LLC | |

**ENTER LICENSE NUMBER OF THE AUCTION COMPANY
OR SOLE PROPRIETOR AUCTIONEER:** _____

ENTER MAIN OFFICE TELEPHONE NUMBER:

() _____

**ENTER THE ADDRESS WHERE THE
TRUST ACCOUNT RECORDS WILL BE
LOCATED.** (Not the address of the
depository institution.)

Number

Street

PO Box

City

State

Zip Code

County

WHAT TYPE OF OFFICE IS AT THIS ADDRESS:

- Main Office Branch Office

**ENTER THE EXACT NAME OF THE ACCOUNT
ACCORDING TO RECORDS AT THE DEPOSITORY
INSTITUTION** (Refer to SPS 125.07, Wis. Admin. Code):

ENTER NAME OF DEPOSITORY INSTITUTION:

ENTER THE ACCOUNT NUMBER:

Wisconsin Department of Safety and Professional Services

SECTION B: IRREVOCABLE CONSENT TO EXAMINE AN AUDIT TRUST ACCOUNT

In compliance with sec. 480.16, Stats., the auction company or sole proprietor auctioneer, identified in SECTION A, does register this trust account with the Department of Safety and Professional Services. I/we hereby authorize representatives of the Department of Safety and Professional Services to examine and audit the records of this trust account. I/we certify that the information provided above is true and correct and that I/we will notify the Department of Safety and Professional Services of any changes to this account, as required by sec. 480.16, Stats.

Signature of Sole Proprietor or Auction Company Representative (Print and Sign Form)

Date

Print or Type Name of Person Signing Above

SECTION C: CERTIFICATION OF FINANCIAL INSTITUTION

BALANCE ON THIS DATE

\$

DATE OF LAST DEPOSIT

The undersigned, a duly authorized official of the _____
(Name of Financial Institution)

of _____, Wisconsin, on behalf of this financial institution, does certify that the
City

sole proprietor or auction company identified in SECTION A maintains a trust account with a balance as listed and agrees the institution will allow an authorized representative of the Department of Safety and Professional Services to examine and audit the account upon demand.

BY: _____
Name Date

Title