

Wisconsin Department of Safety and Professional Services

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OFFICE OF EDUCATION AND EXAMINATIONS

APPLICATION FOR APPROVAL OF AUCTIONEER INSTRUCTOR

Submit one form for each instructor requesting approval.
Please reproduce a supply for use with initial application and for future use.

1. NAME OF COURSE

PROVIDER OR SCHOOL: _____

a. Address:

_____ Street City State Zip Code

b. Name of Educational Administrator or Educational Program Director:

2. NAME OF INSTRUCTOR: _____

a. Address:

_____ Street City State Zip Code

b. Daytime Telephone Number: (during work hours): (_____) _____

c. Current Wisconsin Auctioneer Registration Number: _____

d. Auctioneer Occupational Experience (list no more than 3 employers):

EMPLOYING AUCTIONEER OR COMPANY	JOB DESCRIPTION	SUPERVISOR/ MANAGER	FROM		TO	
			mo	yr	mo	yr

1. For how many years has instructor-candidate practiced as a full-time auctioneer? _____

2. For how many years has instructor-candidate practiced as a part-time auctioneer? _____

-OVER-

Committed to Equal Opportunity in Employment and Licensing

Wisconsin Department of Safety and Professional Services

- e. YES NO Is the instructor-candidate an attorney who is engaged in the field of auctioneering-related law?
- f. YES NO Is the instructor-candidate currently under a disciplinary order which has limited, suspended or revoked his or her registration certificate?

SIGNATURE OF INSTRUCTOR

DATE

SIGNATURE OF EDUCATIONAL ADMINISTRATOR OR
EDUCATIONAL PROGRAM DIRECTOR

DATE