



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
500 JAMES ROBERTSON PARKWAY
TENNESSEE AUCTIONEER COMMISSION
NASHVILLE, TENNESSEE 37243-0572
615-741-3600 FAX 615-741-1245

**APPLICATION FOR PUBLIC
AUTOMOBILE AUCTIONEER LICENSE**

Pursuant to the Laws of the State of Tennessee and in accordance with the provisions of Section 62-19-101 et seq., as amended. Application is hereby made for a license to conduct business in the State of Tennessee as indicated.

1. NAME _____
Name of individual applying for public automobile auctioneer license

2. ADDRESS _____

3. DATE OF BIRTH _____

4. AUCTIONEER LICENSE NUMBER _____

5. DATES DURING WHICH YOU HAVE ACTUALLY SERVED AS A LICENSED AUCTIONEER

6. DATE OF SUCCESSFUL COMPLETION OF THIRTY (30) HOURS OF INSTRUCTION IN
AUTOMOBILE AUCTIONEERING

7. NAME AND ADDRESS OF AUCTION SCHOOL _____

8. HAVE YOU EVER HELD A LICENSE ISSUED BY THE STATE THAT HAS BEEN REVOKED,
SUSPENDED, OR REFUSED FOR RENEWAL? _____ Yes _____ No (If "Yes", explain below):

9. I HEREBY CERTIFY THAT THE STATEMENTS IN, OR ATTACHED TO THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF; THAT THE MEMBERS OF THIS ORGANIZATION ARE FAMILIAR WITH THE PROVISIONS OF THE LAW UNDER WHICH THIS APPLICATION IS MADE; AND THAT I, AS PROPRIETOR, PARTNER, OR PROPER OFFICER OF THE CORPORATION, HAVE AUTHORITY TO MAKE THE STATEMENTS CONTAINED HEREIN.

DATE: _____ SIGNED: _____
Personal Signature of Applicant

E-MAIL ADDRESS: _____ TITLE: _____

10. STATE OF _____

COUNTY OF _____

SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME THIS _____ DAY OF _____, 20 ____.

(SEAL) MY COMMISSION EXPIRES _____

Signature of Notary Public

IMPORTANT: ALL PERSONS MAKING APPLICATION FOR PUBLIC AUTOMOBILE AUCTION LICENSE FOR THE **FIRST TIME** MUST FURNISH A CERTIFIED CURRENT FINANCIAL STATEMENT.

MAIL APPLICATION AND FEE TO: **TENNESSEE AUCTIONEER COMMISSION**
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TN 37243-1153