This application must be submitted online. Click here to begin

Year

Entity Number:

Receipt Number:

License Approved:

License Number:

License Period:

Issue Date:

Amount:

FOR COMMISSION USE ONLY

Will person preform any

auction clerk functions?

Nο

No

No

Yes

Yes

Yes



AUCTION CLERK LICENSE APPLICATION

PUBLIC SERVICE COMMISSION SFN 10459 (02/2018)

<u>APPLICANT:</u> The following lists the auction clerk licensing standards and the required items that must accompany this application when submitted.

- A COMPLETE application packet MUST be filed at least 10 days prior to the first auction sale the applicant is to clerk. N.D.C.C. § 51-05.1-01.1
- An auction clerk is required to have a written contract prior to the auction sale. See N.D.C.C.§ 51-05.1-04.1 for contract requirements
- Every business organization or sole proprietor using a trade name must be registered and in good standing with the North Dakota Secretary of State. Please call them at 701-328-4284 or go to their website at www.sos.nd.gov to register.

N.D.C.C. § 51-05.1-02. License standards.

- 1. Licenses may be granted only to persons who bear a good reputation for honesty, truthfulness, and fair dealing and who are competent to transact the business of an auctioneer or a clerk.
- 2. An applicant for a license must be at least eighteen years of age.

N.D.C.C. § 51-05.1-05. Handling of funds by clerk of auction sale.

Every clerk of an auction sale shall, at all times, maintain in the clerk's name or firm name, a separate trust account designated as such in a federally insured bank or other federally insured depository in this state in which the clerk shall immediately deposit all funds not the clerk's own, including funds in which the clerk may have some future interest or claim.

Required Items:

NAME

\$35.00 NON-REFUNDABLE license fee payable to the "Public Service Commission"

TITTLE

- Two (2) completed Auctioneer/Auction Clerk Reference forms (SFN 18743)
- \$10,000 Auctioneer Surety Bond (SFN 10458) with attached valid power of attorney from surety.

Name (Last, First, Middle) – Must be the same name that appears on the bond.					Date of Birth	Date of Birth		
•							Ţ	
Business or Trade Name – As listed on b	ond (Must be register	ed with ND Sec. c	f State) Type of	Business				
	, ,				ip □ Partnersh	hip ☐ Corporation ☐	LLC	
Other Names You Have Used					•	Telephone Number		
Address					Other Telep	Other Telephone Number		
City	State	ZIP Code	Email A	ddress				
Bank Reference Name					Telephone	Mumbor	$\overline{-}$	
Sailk Reference Name					Telephone	Humber		
Address		- 1	City		State	ZIP Code		
Email Address						5.		
Name of ND Federally Insured Bank or D	Samuel Samuel Action Control Action				Talanhana	AV bow		
vame of ND redefally filsuled ballk of D	epository for Trust Ac	Count			Telephone	Number		
Address			City		State	ZIP Code		
Email Address								
					,			

ADDRESS

MARK "X" TO ANSWER THE FOLLOWING QUESTIONS						
When responding to any question asking if an event occurred in any jurisdiction, include any event that occurred in any country, state, county, city, town, village, township, municipality, or tribal government.						
The term "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, <i>nolo contendere</i> or no contest, or having had probation, a suspended sentence, or a fine imposed.						
If you answer YES to questions 2, 3, or 4, then you must: a. provide a statement explaining the circumstances of each incident,						
b. attach a copy of the charging document,						
 attach a copy of the official document that demonstrates the final resolution of the charges and any final judgment. 				YES	NO	
1. Have you ever held, applied for, or been denied an auction clerk license in North Dakota or any other jurisdiction? If yes, attach explanation.						
2. Have you or any employee(s) who is/are to act as a clerk under your license been convicted of a felony, had a felony conviction judgment withheld or deferred, or are you or your employee(s) currently charged with having committed a felony? You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court).						
3. Have you or any employee(s) who is/are to act as a clerk under your license been convicted of a misdemeanor, had a misdemeanor conviction judgment withheld or deferred, or are you or your employee(s) currently charged with having committed a misdemeanor? You may exclude traffic citations and juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court).						
4. Have you or any employee(s) who is/are to act as a clerk under your license been convicted of a military offense, had a military offense judgment withheld or deferred, or are you currently charged with having committed a military offense?						
5. Have you ever been bonded in this or any other jurisdiction?						
6. If you answered yes to question 5, has there ever been a loss paid in this or any other jurisdiction on any bond in which you are or were the principal, or is any claim for loss pending? If yes, attach explanation.						
7. Have you ever had a professional or occupational registration or license suspended or revoked in this or any other jurisdiction? If yes, attach explanation.						
Are you currently registered or licens please complete the information below	sed in any other occupation ow.	or profession in th	nis or any other juri	isdiction? If yes,		
License/Registration Type	License/Registration Number	Issued Date	Expiration Date	xpiration Date Issuing Authority		
			1			
			1/2			

By signing this renewal, I acknowledge:

- a. to my knowledge, the facts stated are true and correct,
- b. the Commission is authorized to investigate my credit background, in conjunction with this renewal, and
- c. the persons or entities referenced are authorized to disclose information regarding this renewal and attachments to the Public Service Commission.

attaciiiit	shits to the Fublic Service Co	illiission.	4/4			
Signature of Applican	t		Date			
State of	County of					
Signed and sworn to before m	(or Affirmed) ne this day of					
Name(s) of Individual(s) Making Statement		Affix Notary Stamp				
Signature of Notary Public or Other Authorized Officer						
Commission Expiration	n Date					

Submit to: Public Service Commission
Compliance Division
600 E. Boulevard Ave. Dept 408

Bismarck, ND 58505-0480

Email Address: pscauctionlicense@nd.gov

Website: www.psc.nd.gov

Telephone: 701-328-2400 Fax: 701-328-2410