

FOR OFFICE USE ONLY	
I.D. NUMBER	ISSUE DATE
MEMBER QUALIFIED	APPROVED BY

REGISTRATION APPLICATION FOR AUCTIONEER COMPANIES

AUTHORITY: P.A. 299 of 1980, as amended
 COMPLETION: Mandatory
 PENALTY: Failure to complete may result in denial of your application

APPLICANT INSTRUCTIONS AND INFORMATION:

1. Sole proprietor applicants use form BCS/AUC-001.
2. Section 2905(2) requires that registered Auctioneer entities designate not less than one of its officers, partners, members, or managing agents as the qualifying member. Qualifying members must meet the requirements for registration. Enter the designated qualifying member information as the first person listed in Section 2.
3. If applicant company is a **corporation**, attach a date-stamped, filed copy of the Articles of Incorporation and a copy of any filed corporate Assumed Name Certificate, if applicable. If an **LLC**, attach a copy of the filed Articles of Organization and copy of any LLC Assumed Name Certificate, if applicable. **Partnership** applicants attach a county clerk's certificate of co-partnership and any county clerk's partnership Assumed Name Certificate, if applicable.
4. All registrations must be renewed by September 30th.

SECTION 1 - GENERAL APPLICATION INFORMATION - Type or print response in black ink.

Applicant Business Name (Check One: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership)			Federal I.D. No.
Assumed Name, if applicable (See instruction #3 above)			Auctioneer I.D. Number (If previously registered) 28-02
Street Address (No. P.O. Box, unless part of the street address)			Daytime Telephone Number
City	State MI	ZIP Code	E-mail Address

SECTION 2 - MEMBER INFORMATION - Complete the following for all applicable Members, Managers, Officers, Directors and Shareholders (Attach additional sheets as needed). First name entered below must be Qualifying Member.

Name of Qualifying Member (Last, First, Middle)	Qualifying Member I.D. Number (If previously registered) 28-01	Daytime Telephone Number
Street Address (No. P.O. Box, unless part of the street address)		% Corporate Stock or Office Held (if applicable)
City, State, ZIP Code		Social Security Number
Name (Last, First, Middle)		Daytime Telephone Number
Street Address (No. P.O. Box, unless part of the street address)		% Corporate Stock or Office Held (if applicable)
City, State, ZIP Code		Social Security Number

FEE PAYMENT INFORMATION (Check Appropriate Box)

<input type="checkbox"/> Application Processing and 1st Year Registration Fee	\$ 250.00	2801-01
<input type="checkbox"/> *Re-registration fee	\$ 270.00	2801-06
<input type="checkbox"/> Reinstatement (after revocation)	\$ 50.00	2801-50
<input type="checkbox"/> Reissue lapsed registration in same 2-year cycle	\$ 10.00	2801-32

* application processing fee, registration fee and late fee

Make your check or money order from a U.S. Financial Institution payable to:

STATE OF MICHIGAN - AUCTIONEERS

Fees are not refunded except under Authority P.A. 152 of 1979, as amended and R338.943 and R338.944.

FOR OFFICE USE ONLY - VALIDATION

SECTION 2 - Member Information Continued		
Name (Last, First, Middle)	Daytime Telephone Number	
Street Address (No. P.O. Box, unless part of the street address)	% Corporate Stock or Office Held (if applicable)	
City, State, ZIP Code	Social Security Number	
Name (Last, First, Middle)	Daytime Telephone Number	
Street Address (No. P.O. Box, unless part of the street address)	% Corporate Stock or Office Held (if applicable)	
City, State, ZIP Code	Social Security Number	
SECTION 3 - BACKGROUND INFORMATION (Please check appropriate box and attach requested documents.)		
Have you, or any applicable Members, Managers, Partners, Officers, Directors and Shareholders named in the applicant's entity:	YES	NO
A) Have you ever been convicted of a felony or misdemeanor for which you could have gone to jail? If yes, please download the "Request for Conviction History" form under Applicant Information at the web address: http://www.cis.state.mi.us/bcsc/forms/lce020.pdf . Complete and attach the form to your application. Your application will not be processed without the completed form.		
B) Have you ever had disciplinary action taken against any license, registration or permit you now hold or have ever held? If yes, please download the "Request for Disciplinary Action Information" form under Applicant Information at the web address: http://www.cis.state.mi.us/bcsc/forms/lce021.pdf . Complete and attach the form to your application. Your application will not be processed without the completed form.		
C) Is Auctioneer applicant currently licensed or registered in any other State(s) as an Auctioneer? If yes please provide a list and certificate of good standing for each state.		
SECTION 4 - CERTIFICATION AND SIGNATURE		
<p>I hereby certify that the statements in this application are true and correct. I have not withheld information which might affect the decisions to be made on this application. I am aware that a false statement or dishonest answer may be grounds for denial of my application or disciplinary action against my registration, or punishable by law. I hereby authorize the Department of Labor and Economic Growth and its agents to investigate any statements made by me in this application, including checking criminal, civil and administrative records. I authorize the Department and its agents to examine my books and records at the Department's discretion. I understand that I cannot use the title "registered auctioneer" until my application is approved and registration issued.</p> <p>Furthermore, I hereby attest to having thorough knowledge of Article 29 and the provisions described within and do promise to abide by them at all times, along with auctioneer rules as they are promulgated. I acknowledge that failure to do so may result in loss of my ability to act as a Registered Auctioneer for the State of Michigan.</p>		
_____ Signature for Entity Applicant	_____ Date	
_____ Name Printed	_____ Office held or description of ownership interest	