

# STATE BOARD OF AUCTIONEER EXAMINERS

**MAILING ADDRESS**  
P. O. BOX 2649  
HARRISBURG, PA 17105

**PHONE:** 1-833-367-2762  
**EMAIL:** st-auctioneer@pa.gov  
**WEB:** www.dos.pa.gov/auct

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## APPLICATION TO REQUEST BOARD APPROVAL TO RETAKE THE AUCTIONEER EXAMINATION A THIRD OR SUBSEQUENT TIME

**UPON COMPLETION OF THE APPLICATION, EMAIL TO: [st-auctioneer@pa.gov](mailto:st-auctioneer@pa.gov)**

NAME: \_\_\_\_\_  
*Last First Middle*

MAILING ADDRESS:

\_\_\_\_\_  
*Street Address P.O. Box (if applicable)*

\_\_\_\_\_  
*City State Zip Code*

SSN (Last Four Digits): \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**THE FOLLOWING QUESTIONS MUST BE ANSWERED:**

- Are you a graduate of a Board approved Course of Study? Yes  No   
If YES, name of school attend: \_\_\_\_\_ Date of Graduation: \_\_\_/\_\_\_/\_\_\_
- Are you licensed as an Apprentice Auctioneer? Yes  No   
If YES, Apprentice Auctioneer License Number: AA \_\_\_\_\_
- If YES, name of Sponsoring Auctioneer and license number:  
Name \_\_\_\_\_ AU \_\_\_\_\_
- How many times have you taken the examination? \_\_\_\_\_
- Dates of examination: \_\_\_\_\_
- Please provide a list of reference books and study materials you are currently using:  
\_\_\_\_\_

**Verification Statement:**

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date