APPLICATION FOR LICENSURE
ASBA FORM 2 — GENERAL INFORMATION

License Applying For:
- ☐ Auctioneer
- ☐ Apprentice
- ☐ Non-Resident Auctioneer (Non-Reciprocal)
- ☐ Reciprocal Auctioneer

Home State: _____

Full Name: _____
LAST FIRST MIDDLE/MAIDEN

Name as you wish correspondence to be addressed
(ex., if you go by your middle name): _____

Social Security Number: _____

Home Address: (*Physical location required also, if P.O. Box)*

Street: _____

City: _____ State _____ Zip: _____

County: _____ Phone: _____

Fax: _____ E-mail: _____

Work Address: (*Physical location required also, if P.O. Box)*

Name: _____

Street: _____

City: _____ State _____ Zip: _____

County: _____ Phone: _____

Fax: _____ E-mail: _____

Preferred Mailing Address: ☐ Business ☐ Home
(*If applying for Apprentice, mail will automatically be sent to Sponsor)*

Date of Birth: _____ Place of Birth: _____

U.S. Citizen? ☐ Yes ☐ No

Gender: ☐ Female ☐ Male

ASBA FORM 2 — CONTINUED

EDUCATION:

PROGRAM	NAME OF INSTITUTION	DEGREE	DATE AWARDED
High School			
G.E.D.			
College			

Have you graduated from an approved auction school? ☐ Yes ☐ No

If "Yes", please complete the following:

Name of School: _____

Date Graduated: _____

Please include a copy of diploma if apprentice.

EMPLOYMENT EXPERIENCE: List all places of employment during the past five (5) years, listing your current employer first. If self-employed, give details.

♦ _____
NAME OF COMPANY

_____
ADDRESS

_____
POSITION HELD

_____
DUTIES

_____
DATES OF EMPLOYMENT

♦ _____
NAME OF COMPANY

_____
ADDRESS

_____
POSITION HELD

_____
DUTIES

_____
DATES OF EMPLOYMENT

ASBA FORM 2 — CONTINUED

EMPLOYMENT EXPERIENCE (CONTINUED)

♦

NAME OF COMPANY

ADDRESS

POSITION HELD

DUTIES

DATES OF EMPLOYMENT

♦

NAME OF COMPANY

ADDRESS

POSITION HELD

DUTIES

DATES OF EMPLOYMENT

RESIDENCE HISTORY: List all places of residence in the past five (5) years, beginning with present address.

ADDRESS	CITY	STATE	ZIP	DATES