

Michigan Department of Licensing and Regulatory Affairs
 Bureau of Commercial Services - Licensing Division
 AUCTIONEER REGISTRATION
 P.O. Box 30018, Lansing, MI 48909
 517-241-8720; Fax 517-373-1044
 www.michigan.gov/auctioneers
 Exam information: www.psiexams.com

28-0

AUCTIONEER REQUEST FORM

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

TYPE OR PRINT CLEARLY IN BLACK INK TO DESIGNATE CHANGE NEEDED

NAME CHANGE - New Registration will be issued		
Name on Current Registration	Registrant I.D. Number 28-	
New Name - First, middle, last (legal name that will appear on your registration)	Date of Birth	
Residence Address (Number and Street)		
City	State	ZIP Code
E-mail Address	Social Security Number	Daytime Phone Number
ADDRESS CHANGE - New Registration will be issued		
Former Address (Number and Street)		
City	State	ZIP Code
New Address (Number and Street)		
City	State	ZIP Code
FEE PAYMENT INFORMATION (Check Appropriate Box)		FOR OFFICE USE ONLY - VALIDATION
<input type="checkbox"/>	Name/Address Change	\$10.00 (28-01-32)
<input type="checkbox"/>	Reissue lapsed registration	\$10.00 (28-01-32)
<input type="checkbox"/>	Written verification/certification status	\$15.00 (28-01-51)
<input type="checkbox"/>	Duplicate registration document	\$10.00 (28-01-33)
<input type="checkbox"/>	Additional place of business (no charge)	
Make your check or money order U.S. Currency payable to:		
AUCTIONEERS		
Fees are not refunded except under Authority P.A. 152 of 1979, as amended and R338.943 and R338.944.		

REQUEST FOR CERTIFICATION OR VERIFICATION OF AUCTIONEER REGISTRATION STATUS

Name of Registrant (Provide complete name used when registered in Michigan)

Complete Address (Number and Street)

City	State	ZIP Code
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Michigan Registration I.D. Number (Social Security Number if I.D. Number is Unknown):

Name of Requestor	Daytime Telephone Number
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Mail to: (Number and Street)	Fax Number
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City	State	ZIP Code
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E-mail Address

ADDITIONAL PLACE OF BUSINESS

Name of Auctioneer Registrant	Daytime Telephone Number
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Address of Branch/Additional Place of Business	Registration I.D. Number 28-
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City	State	ZIP Code
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REQUEST FOR DUPLICATE REGISTRATION DOCUMENT

Completing this section and paying the \$10.00 fee will generate a duplicate registration document with current information and expiration date displayed. The duplicate registration will be mailed to the Auctioneer's address on file.

Reason for Request: Lost Stolen Destroyed

Name	I.D. Number 28-
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VERIFICATION

Signature of Auctioneer or Person Requesting Verification

Date

Print name here