



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
500 JAMES ROBERTSON PARKWAY
TENNESSEE AUCTIONEER COMMISSION
NASHVILLE, TENNESSEE 37243-0572
615-741-3600
www.tn.gov/commerce/boards/auction

TRANSFER OF AFFILIATE AUCTIONEER LICENSE

(Questions 1 through 4 must be answered or application will be returned)

1. Name of Affiliate _____
(Please Print) (Social Security Number)
2. Residence of Affiliate _____
(Street/Number) (City) (State) (Zip) (County)
3. Affiliate's License Number _____
4. Releasing Sponsor _____
(Name) (License Number)

SPONSORING AUCTIONEER'S AFFIDAVIT

(Required for Affiliate Licensure Only)

I do hereby swear or affirm that the above named applicant will be employed as an Affiliate Auctioneer by me. As a Tennessee Auctioneer holding License Number _____, I am familiar with the provisions of the Tennessee Auctioneer Act of 1967 as amended and assume full responsibility for any business transaction of the above mentioned applicant pertaining to the auction business, and the requirement of supervising the affiliate auctioneer's activities.

Print Affiliate Auctioneer's Name

Print Sponsoring Auctioneer's Name

Signature of Affiliate Auctioneer

Signature of Sponsoring Auctioneer

Subscribed and sworn to before me this _____ day of _____, the year of _____.

My Commission expires _____

Notary Public

County

State

(SEAL)

Please submit to address above with the required \$35.00 fee.