



Secretary of State
Office of Professional Regulation

Auctioneer
Verification of Apprenticeship Experience

Supervising Auctioneer Last Name	First Name & Title (Jr., Sr., II, III, etc.)	Supervising Auctioneer License #
Name of Establishment:		
Street/Apt #		
City/State/Zip		
Apprentice's Last Name	First	MI
Date Apprenticeship Began / /	Date Apprenticeship Ended / /	Total Number of Hours

Statement of Supervising Auctioneer

This is to certify that _____ was in regular attendance

From ____/____/____ to ____/____/____ .

The apprentice completed an apprenticeship of ____ hours and actively participated in six auctions, including bid calling, under direct supervision.

Supervising Auctioneer Signature

Date