

State Board of Auctioneer Examiners

2 Technology Park
Harrisburg PA 17110



BUREAU OF PROFESSIONAL AND
OCCUPATIONAL AFFAIRS

State Board of Auctioneer Examiners

P O BOX 2649
Harrisburg PA 17105-2649

BOND

FACILITY INFORMATION

FACILITY NAME:

ADDRESS:

CITY / STATE / ZIP:

Bond Number

KNOW ALL PERSONS BY THESE PRESENTS, that the application for _____

Name of Applicant a/an _____, with business
Individual/Partnership/Association/Corporation/Limited Liability Company

located at _____
Street

City

State

Zip Code

as PRINCIPAL, and _____ with a Certificate of Authority from the
Name of Surety Company

Pennsylvania Insurance Department and located at _____
Street

City

State

Zip Code

as SURETY, are held firmly bound unto the Commonwealth of Pennsylvania in the sum of \$5,000 (Five Thousand Dollars) lawful money of the United States of America, to be made payable to the said Commonwealth, for the use of the Commonwealth, its attorney or assigns, or any person or persons who may have a cause of action under the Auctioneer Licensing and Trading Assistant Registration Act (Act 85 of 1983, as amended), to which payment will and truly to be made, we do hereby bind ourselves, jointly and severally our heirs, executors, administrators, successors and assigns firmly by these presents. This agreement will continue in effect until written notification of cancellation by surety

SIGNED SEALED AND DELIVERED THIS _____ DAY OF _____ 20 _____

WHEREAS, the above-bounded Principal desires to operate or conduct the business of

within the Commonwealth in accordance with the provisions of the Auctioneer Licensing and Trading Assistant Registration Act and the rules and regulations adopted under and pursuant thereto.

NOW, THEREFORE, the condition of this obligation is such that if upon and after issuance of such license the above-bounded Principal shall fully and faithfully observe the provisions of all the laws of this Commonwealth and the rules and regulations promulgated by the State Board of Auctioneer Examiners as a licensee then this obligation shall be void; otherwise, it shall remain in full force, virtue and effect.

And, the obligors, jointly and severally, for themselves, their heirs, executors, administrators, successors and assigns, do agree with the Commonwealth that upon violation of the said Act, and the rules and regulations promulgated by the State Board of Auctioneer Examiners, or the applicable rules and regulations of the Department, Board or Commission of the Commonwealth thereunder or of any laws of this Commonwealth, and upon the revocation of the licensure and upon forfeiture of the bond, aforesaid, or upon the recovery of a judgment and in execution of that judgment on the bond, as specified at §7(c) of the Act, for any such violation during the continuance of such license, the full amount of this bond shall be due and payable.

And we, and each of us, do hereby confess judgment against us and each of us for the penal sum of \$5,000 (Five Thousand Dollars), with cost of suit and release of all errors, without stay of execution, waiving inquisition and condemnation of any real estate, and we, and each of us, do hereby waive the benefit of any law or laws now in force, or which may hereafter become a force exempting property from levy and sale upon execution, and we do hereby empower any attorney, or the Prothonotary, of any Court of Record within this Commonwealth or elsewhere, to appear for us and each of us, to confess judgment as expressed, and for the entering of such judgment and so doing this shall be sufficient warrant.

**BUSINESS/PARTNERSHIP/
ASSOCIATION/CORPORATION/ LIMITED LIABILITY COMPANY:**

Signature of Owner, Officer, Partner, or Member’s Signature	Print Name	Date
---	------------	------

Signature of Witness	Print Name	Date
----------------------	------------	------

SURETY:

NAME OF SURETY COMPANY	SIGNATURE OF SURETY
------------------------	---------------------

STREET ADDRESS OF ATTORNEY- IN- FACT	(BUSINESS SEAL/STAMP)
--------------------------------------	-----------------------

CITY	STATE	ZIP CODE
------	-------	----------

CERTIFIED COPY OF POWER OF ATTORNEY NOMINATING, CONSTITUTING AND APPOINTING SAID ATTORNEY-IN-FACT FOR SAID CORPORATE SURETY MUST BE ATTACHED HERETO. DATE OF SAID CERTIFICATION AND DATE OF EXECUTION OF BOND MUST AGREE.