

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dspd@wisconsin.gov
Website: <http://dspd.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

CONSENT TO EXAMINE AND AUDIT AUCTIONEER TRUST ACCOUNT

A sole proprietor Auctioneer or an Auction Company must submit this form to register a trust account after opening an account and after any change affecting the account.

The words "Trust Account" must appear in the name of the account and on the checks or share drafts. If more than one account is maintained, each account must be registered with the Department. Refer to Wis. Stats. § 480.16 and Wis. Admin. Code § SPS 125 for more information regarding auctioneer trust accounts.

SECTION A: TO BE COMPLETED BY THE AUCTION COMPANY OR SOLE PROPRIETOR AUCTIONEER

Type of Business :

- Sole Proprietorship Corporation Other
- General Partnership LLP
- Limited Partnership LLC

Auction Company or Sole Proprietor Auctioneer Name: (exactly as it appears on license)

Trade Name, if any:

License # of Auction Company or Sole Proprietor Auctioneer:

Main Office Telephone Number:

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Address Where the Trust Account Records Will Be Located: (street, city, state, zip)

This is not the address of the depository institution.

County of:

Type of Office: (at the above address)

- Main Office Branch Office

Exact Name of the Account

(according to records at the depository institution)

Account Number:

Name of Depository Institution:

Wisconsin Department of Safety and Professional Services

SECTION B: IRREVOCABLE CONSENT TO EXAMINE AND AUDIT TRUST ACCOUNT

In compliance with Wis. Stats. § 480.16, the auction company or sole proprietor auctioneer, identified above, does register this trust account with the Department of Safety and Professional Services (DSPS). I/we hereby authorize representatives of the DSPS to examine and audit the records of this trust account. I/we certify that the information provided above is true and correct and that I/we will notify the DSPS of any changes to this account, as required by Wis. Stats. § 480.16.

Signature of Sole Proprietor Auctioneer or Auction Company Representative

 / /

Date

Print or Type Name of Person Signing Above

SECTION C: CERTIFICATION OF DEPOSITORY INSTITUTION

Account Number:

Exact Name of Account:

Balance on this Date: \$

Date of Last Deposit: / /

The undersigned, a duly authorized official of the

(Print or Type Name of Depository Institution)

of

(Address: street, city, state, zip)

institution, does certify that the sole proprietor or auction company identified in "SECTION A" maintains a trust account with a balance as listed and agrees the institution will allow an authorized representative of the Department of Safety and Professional Services to examine and audit the account upon demand.

Signature

 / /

Date

Print or Type Name of Person Signing Above

Title