

KENTUCKY AUCTIONEERS ASSOCIATION INC
Auctioneer Information Form

Please complete and return this information form if you wish to be considered as the auctioneer to sell real estate and an occasional vehicle which has been placed under the guardianship of the Kentucky Cabinet For Health And Family Services, Department For Aging And Independent Living, Division Of Operations And Support. The purpose of this form is to create a pool of available auctioneers who are willing to participate in these auctions under the conditions describe below.

Firm Name: _____

Principal Auctioneer: _____ License # _____

Physical Address: Street _____ City _____

State _____ Zip _____ Business Phone (_____) _____ Cell (_____) _____

Mailing Address:(if different) Street/ P O Box _____ City _____

State _____ Zip _____ Office is located in _____ County, State _____

Email Address: _____

Broker Name (if different from Principal Auctioneer) _____

Years selling real estate at auction? _____ # Real Estate auctions annually? _____

Licensed auctioneers in your firm? _____ Have you provided auction services for Court Ordered sales in your area? _____ Approximately how many times? _____

How far would you be willing to travel from your primary location to conduct a Real Estate Auction? _____ Miles

Do you agree to use a provided uniform Auction Services Contract? _____

Do you understand that the Kentucky Auctioneers Association will only be serving as a central contact point for the governmental agency listed above for the purpose of forwarding the auction contract to your firm. From that point on the execution of the contract to completion is your responsibility and that you will hold the Kentucky Auctioneers Association Inc harmless for any issues arising from the auction of any property? _____

Do you understand that the Kentucky Auctioneers Association is not a licensed Real Estate Broker and that any information forwarded to you related to these auctions is provided as a service to KAA members? Do your further understand that you may, at your discretion, choose to donate a small portion of the net commissions received from such auctions to help defray the administrative cost to the Association? _____

I affirm that the information provided above is accurate to the best of my knowledge and that I agree to the conditions listed herein. I further understand that auctions will be forwarded to firms as fairly as possible, but at the discretion of the KAA Executive Director and that I can withdraw my firm from consideration at any time following the completion of all auctions I have been started.

Signed: _____

Date: _____