

AFFILIATE FILE# \_\_\_\_\_



STATE OF TENNESSEE  
 DEPARTMENT OF COMMERCE & INSURANCE  
**AUCTIONEER COMMISSION**  
 500 JAMES ROBERTSON PARKWAY  
 NASHVILLE, TN 37243-1152  
 Phone: (615) 741-3600  
 Email: ce.auctioneer@tn.gov  
 Mail or email to above addresses  
**NO FEE - RETAIN COPY FOR YOUR FILES**

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**TEMPORARY AFFILIATE SPONSORSHIP AGREEMENT**

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Pursuant to Tennessee Code Annotated 62-19-111(q), the following parties desire to enter into an agreement whereby the Tennessee Affiliate Auctioneer identified in Block #1 of this form desires to be temporarily employed by the duly licensed Tennessee Principal Auctioneer designated in Block #3 of this form. The following date and time of transfer shall apply to all signing this form:

Date and time Agreement Begins:                      Beginning Date: \_\_\_\_\_                      Time: \_\_\_\_\_

Date and time Agreement Ends:                      Ending Date: \_\_\_\_\_                      Time: \_\_\_\_\_

**BLOCK #1**

**Affiliate Auctioneer**

The undersigned Affiliate Auctioneer desires to be employed by the Tennessee Licensed Principal Auctioneer designated in Block #3 of this form for the time period shown at the top of this form.

Affiliate Auctioneer (Please print name): \_\_\_\_\_

License Number: \_\_\_\_\_

Signature of Affiliate Auctioneer: \_\_\_\_\_

Date: \_\_\_\_\_                      Time: \_\_\_\_\_

**BLOCK #2**

**Sponsoring Auctioneer**

The undersigned sponsoring Auctioneer grants permission for the Affiliate Auctioneer designated in Block #1 to be employed by the employing auctioneer designated in Block #3, for the time and period shown at the top of this form. I understand that I must maintain a copy of this form in my files and make it available for review upon request.

Sponsoring Auctioneer (Please print name): \_\_\_\_\_

License Number: \_\_\_\_\_

Signature of Sponsoring Auctioneer: \_\_\_\_\_

Date: \_\_\_\_\_                      Time: \_\_\_\_\_

**BLOCK #3**

**Employing Auctioneer**

The undersigned duly licensed Tennessee Auctioneer desires to employ the Affiliate Auctioneer designated in Block #1 of this form, and agrees to accept full responsibility for the actions of the Affiliate Auctioneer for the time period shown at the top of this form. I understand it is my responsibility to maintain a copy of this form in my files and make it available for review upon request.

Employing Auctioneer (Please print name): \_\_\_\_\_

License Number: \_\_\_\_\_

Signature of Employing Auctioneer: \_\_\_\_\_

Date: \_\_\_\_\_                      Time: \_\_\_\_\_