

ALABAMA BOARD OF FUNERAL SERVICES

4276 LOMAC STREET | MONTGOMERY, ALABAMA 36106 P.O. BOX 309522 | MONTGOMERY, ALABAMA 36130 PHONE 334.242.4049 | <u>www.fsb.alabma.gov</u>



PRENEED BRANCH REGISTRANT NEW APPLICATION

FORM AL-PNC-1 (5/2024)

COVER PAGE

THIS PAGE MUST BE COMPLETED AND SUBMITTED WITH YOUR APPLICATION.

Note: Please do not print this form on both sides of the paper.

NAME OF BRANCH APPLICANT:		
DATE:		

Please note that we will be unable to review your application submission until all documents have been filed and have been completed in their entirety.

Qualifications:

- Company meets minimum equity requirement of \$10,000.
- Company has a Licensed Funeral Director or Establishment License.
- Company has at least one registered Preneed Sales Agent (PSA).

Documentation:

- O Financial statement prepared according to Rule 395-X-9-.08
- Application completed in its entirety
- Citizenship documentation if individual or partnership
- Proof of the business entity's certification or registration with the Alabama Secretary of State
- 2 sets of fingerprints for each owner, partner, member, shareholder, other principal of the entity controlling a 10% or greater interest in the entity, and/or any other individual or officer as may be needed to legally bind the entity
- Application fee payment of \$198.00
- List of Trustee(s), Insurance Company(s), Letter of Credit Bank(s), or Surety Bond Company(s)
- Sample contract for each funding vehicle
- Merchandise and Services Trust Agreement (if applicable)
- Signed trust participation agreement
- O Preneed Sales Agent Application and required documentation
- Endowment Care Trust Agreement (if applicable)
- Branch Registrant Application (if applicable)



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PRENEED BRANCH REGISTRANT **NEW APPLICATION**

FORM AL-PNC-2 (REVISED 10/2023)

NERAL . PRENEE
CHARLES PERINI
DIRECTOR

(Check appropriate box below) ☐ Funeral Establishment

☐ Combination Funeral/Cemetery

Type of Business

	☐ Cemetery Authority
	☐ Third-Party Seller
NAME OF BRANCH APPLICANT (Please include DBA if applicable)	
DINGICAL ADDRESS (St. 1 C') St. 1 C' AL D. O. D.	TELEBUONE NUMBER
PHYSICAL ADDRESS (Street, City, State, Zip Code) (No P. O. Box)	TELEPHONE NUMBER
MAILING ADDRESS (D. O. Danier Street Address State City 7' of Cala)	EAV MIMDED
MAILING ADDRESS (P. O. Box or Street Address, State, City, Zip Code)	FAX NUMBER
E-MAIL ADDRESS FSB LICENSE NUMBER	FEDERAL EMPLOYER I. D. NUMBER
E-MAIL ADDRESS FSB LICENSE NUMBER	PEDERAL EMPLOTER I. D. NOMBER
NAME OF GENERAL THE VOLUME OF OVER DRAINGS DEGREE AND A	GOAL WIN (DED
NAME OF CERTIFICATE HOLDER OVER BRANCH REGISTRATION	COA NUMBER
MAILING ADDRESS OF SERVICATE HOLDER	
MAILING ADDRESS OF CERTIFICATE HOLDER	
1. Type of Organization: □ Individual □ Partnership □ LLC □ LLP □	□ C Corp □ S Corp
2. Is this application part of a transfer? □ Yes □ No	
If yes , was it operated as a: □ Certificate Holder #	☐ Branch Registrant PN#
3. Is the Branch Applicant operating at more than one location under a comm	mon business enterprise with the same name?
□ Yes □ No	
If yes, list the address of each location and the type of business (Fune	ral Establishment, Cemetery Authority,
Combination Funeral/Cemetery, or Third-Party Seller) at each locatio	•
2011211	n on a separate page.
4. What type of preneed contracts will be written? □ Funeral □ Cemetery □	Funeral and Cemetery.
Attach a copy of the preneed contract(s) the Branch Applicant will use	e to write preneed and/or cemetery
merchandise and services.	
5. What type of funding will be used to fund preneed contracts? (Check all the	hat apply)
☐ Trust ☐ Life Insurance ☐ Letter of Credit ☐ Surety Bond	
6. On a separate page, list the trustee, life insurance company, letter of credit	t bank, or surety bond company.
Attach a copy of each of the funding vehicle(s) to be used by the App	licant.

Form continued on next page.

NEW PRENEED BRANCH REGISTRANT APPLICATION

7.	Has or is the Branch Applicant or any person listed herein, or any person with power to direct the management or
	policies of the Branch Applicant, been the subject of:
	a. A pending criminal prosecution or governmental enforcement action in any jurisdiction: □ Yes □ No
	b. Convicted or found guilty, regardless of adjudication, of any crime involving fraud, dishonest dealing, or any
	other act of moral turpitude: □ Yes □ No
	c. Had a license, or the equivalent, to practice any profession or occupation denied, revoked, suspended, or
	otherwise acted against: □ Yes □ No
	If any answers are yes, explain on a separate page and include official documentation of the final disposition of the
	case(s).
8.	Has the Branch Applicant ever been the subject of any bankruptcy proceeding or had a judgment filed against it,
	either present, past, or pending? □ Yes □ No
	If yes, attach a statement of the facts (including date(s)), together with the case: style, number, name, and location
	of the court(s) in which the proceedings were held or are pending.
	10a. If you answered yes above, did the bankruptcy proceeding or judgment involve an insurance company or
	policyholders/consumers related to the business of insurance or preneed? ☐ Yes ☐ No
	If yes, provide the company names and specific details.
9.	Has the Branch Applicant ever held a preneed certificate of authority? □ Yes □ No
	If yes, explain on a separate page.
10.	Has the Branch Applicant ever written any preneed contracts subject to Title 34-13 of the Code of Alabama 1975
	since May 1, 2002? ☐ Yes ☐ No If yes, explain on a separate page.
11.	ALA. Code § 34-13-191 requires Applicants for certificates of authority to provide the board with a full and true statement of its financial condition which demonstrates, among other things, that the applicant "has the ability to discharge his or her preneed liabilities as they become due in the normal course of business". All applicants must provide at a minimum, financial statements with full disclosures. The financial statement must be as of the last fiscal

year ending prior to the date of this application. Rule 395-X-9-.08 requires that the financial statement include a balance sheet, income statement, cash flow statement and notes to the financial statement. The financial statement may be prepared using either Generally Accepted Accounting Principles or be prepared using the statutory basis of accounting as prescribed by that Rule. Financial statements prepared on any other basis will not be accepted.

Form continued on next page.

PHYSICAL ADDRESS: **4276 LOMAC STREET** MONTGOMERY, ALABAMA 36106 WEBSITE: www.fsb.alabama.gov



MAILING ADDRESS: P O BOX 309522 MONTGOMERY, ALABAMA 36130 PHONE: 334.242.49049

FAX: 334.353.7988

ALABAMA BOARD OF FUNERAL SERVICE

CHECK TO THE APPROPRIATE SECTION FOR US CITIZEN OR NON-CITIZEN, AND CHECK THE DOCUMENT THAT YOU ARE SUBMITTING TO PROVE US CITIZENSHIP OR LAWFUL PRESENCE IN THE US

1 6	am a United States (US) Citizen. I am submitting the attached copy of my document to prove citizenship/legal presence: Alabama Driver's License or Identification issued by Department of Public Safety
	Driver's License from other state that required proof of lawful presence
	Birth Certificate indicating US birth
	Valid US Passport
	A valid Uniformed Services Privileges and Identification Card
	Naturalization documents
	Certificate of citizenship
	Bureau of Indian Affairs identification
	nm NOT a United States Citizen. The copy of the document(s) to prove legal presence I am submitting (and attached to this checklist) is follows:
	I-551 Permanent Resident Card (copy front and back)
	I-766 Employment Authorization Card (copy front and back)
	Other: (Explain)

Act No. 2011-535 as amended by Act No. 2012-491 and now codified as Section 31-13-1, et seq., of the Code of Alabama 1975 is referred to as Alabama's Immigration Law or the Beason-Hammon Act and imposes certain requirements on persons applying for or renewing a professional license. Specifically, Section 31-13-29 of the Code of Alabama 1975 requires that applicants applying for or renewing a professional license must demonstrate his or her United States citizenship, or if not a United States Citizen, his or her lawful presence in the United States. The Immigration Law also provides that a citizen shall not be required to demonstrate citizenship for subsequent transactions. Please see below for two lists of documents, one to demonstrate a person's United States citizenship or the other to demonstrate lawful presence in the United States. You must select your appropriate status, choose the appropriate document(s) from the list of documents, include a copy of the selected document(s) with this form and submit it with your application.

I CERTIFY UNDER PENALTY OF PERJURY THAT ALL REPRESENTATIONS MADE ON THIS FORM AND ATTACHMENTS ARE TRUE AND ACCURATE.

NAME:			
·-			
SIGNATURE:			

Page 4 of 7

NEW PRENEED BRANCH REGISTRANT APPLICATION

PLEASE SIGN AND DATE BELOW.

If the Applicant is issued a preneed certificate of authority, the Applicant agrees to comply with the requirements of Title 34, Chapter 13 of the Code of Alabama 1975 and any rules, regulations and bulletins promulgated by the Department dealing with Chapter 13.

I, as the Applicant or the representative authorized to sign on behalf of the Applicant, certify that the above information, including the attached financial statement, is true and correct to the best of my knowledge and belief. I certify that I have and will comply with all the requirements of Chapter 34-13, Code of Alabama, 1975 and request approval of my application for a Preneed Certificate of Authority. I understand that any person who knowingly presents false or fraudulent information to the board or its representative(s), willfully fails to timely make deposits to trust, or knowingly withdraws unauthorized funds or assets from a trust may be guilty of a felony under Alabama Law and subject to restitution, fines, loss of any or all certificates of authority or other applicable licenses, prison, or any combination thereof.

Signature of Branch Applicant/Authorized Representative	Date
Print Name	
This application must be accompanied by the payment of	of a \$198.00 non-refundable application fee.
ATTENTION: If additional information is required by t	
within twenty (20) business days from the date of the reconfiguration.	<u>quest. Failure for timely response will</u> result in a denial

AL-PNC-2 Revised 5/2024

ALABAMA LAW ENFORCEMENT AGENCY

APPLICATION TO REVIEW ALABAMA CRIMINAL HISTORY RECORD INFORMATION

PERSONAL INFORMATION			THE PROPERTY OF
Full Name (First, Middle, Last, Suffix	·):		Sex/Gender: Male Female
Aliases/Nickname:			
Applicant <u>Current</u> Address:			
City:	State:	Zip Code:	SSN:
Date of Birth:	(MM/DD/YYYY) Dr	iver's License Number:_	Issuing State:
			
WORK INFORMATION			
Employer Name:		Emplo	yer Phone: ()
Contractor Name:		Contra	octor Phone: ()
State Agency:		Agency	y Phone: ()
Work Email Address:			
Job Role/Classification:		Supervisor Name:	
	<u>ILY:</u> The required \$25.00 A, Criminal Records and I	administrative fee (must	ncy's fee requirements for a background check. be in the form of a money order or Cashier's check
I hereby authorize the Alabama L ALABAMA BOARD OF FUNERA	aw Enforcement Agency		
Name & Address of Requesting Agend		,	<u> </u>
Agency, the Federal Bureau of Investigate judicial, or personal reference. I hereby re By signing below and submitting this appacknowledge that I understand that, in a obtain criminal offender record informating agency or person without authorization, if or not more than five years or both. § 4.	tion, and any information rela elease all parties contributing s oplication, I hereby verify that accordance with Section 41-9- ion under false pretenses, or w may be guilty of a felony, and s 1-9-601, Code of Ala. (1975). F	ating to my past record and cha such information from any charg t the information listed in my a -601 of the Code of Alabama 19 who willfully communicates or se shall be fined not less than \$5,00 Furthermore, as set forth at Title	ation (CHRI) maintained by both the Alabama Law Enforcement tracter whether it be financial, academic, military, employment, les or liability whatsoever because of furnishing said information. Implication and in the attached documentation is correct. I also 1975, that any person who willfully requests, obtains or seeks to ceks to communicate criminal offender record information to any 100 nor more than \$10,000 or imprisoned in the state penitentiary 128, Code of Federal Regulations (CFR), Section 16.34 I have the 15 see "Appendix A" for contact information).
Applicant Signature			Date
Name of Witness		Name of Witnes	ss
			ness
City, State and Zip		City, State and 2	Zip
Sworn to and subscribed befor	e me thisday of	, 2	20
Notary Signature		My Commission Exp	oires, 20
FOR ALEA OFFICIAL USE ONLY: _TCN Received By (Initials):/Date: Walk-in/Hand DeliveredMailed	//Processed By (initi	ials):/Date:/ _/	Chask#

NOTICE OF PRIVACY DISCLOSURE STATEMENT

DISCLOSURE STATEMENT:

The following disclosure statement is to inform you of your rights as an applicant who is the subject of a criminal history record check for noncriminal justice purposes (licensure, certification, renewal, immigration, naturalization, security clearance, or adoption, etc.) pursuant to the Privacy Act of 1974, Title 5, U.S.C., Section 552a, and Title 28, CFR, Section 50.12.

, hereby authorize the <u>ALABAMA BOARD OF FUNERAL SERVICE</u>

Print Name
Authorized Recipient

to request and be the recipient of my criminal history information, to determine my suitability for licensure.

The fingerprints will be utilized to conduct a national and state criminal background check. The Authorized Recipient (AR) will obtain any and all criminal history information from the FBI and/or Alabama Law Enforcement Agency (ALEA).

If you have an incomplete and/or inaccurate criminal history record, employment will not be denied until the applicant has been afforded a "reasonable time" to correct or complete the record or has declined to do so.

The AR will use the criminal history record solely for the purpose requested and cannot disseminate the record outside the receiving department, related agency, or other authorized entity.

If agency policy permits, the AR may provide a copy of your federal/state criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, as set forth in Title 28 CFR, Section 16.34, applicant may challenge or appeal any portion of his/her own criminal history record information (CHRI) that he/she believes to be incomplete or inaccurate by contacting the Criminal Records & Identification Unit within ALEA at 334-517-2450.

PRIVACY ACT STATEMENT:

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal regulations, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

Our Notice of Privacy Disclosure Statement provides informatio	n about how	we may	use and	disclose	federal/state	criminal	history	record
information about you. By signing this receipt, you acknowledge th	at you have r	eviewed, o	or have b	een given	the opportui	nity to rev	iew, our	Notice
of Privacy Disclosure Statement.								

Signature	Date