



KAY IVEY
GOVERNOR

ALABAMA BOARD OF FUNERAL SERVICES

4276 LOMAC STREET | MONTGOMERY, ALABAMA 36106
P.O. BOX 309522 | MONTGOMERY, ALABAMA 36130
PHONE 334.242.4049 | WWW.FSB.ALABAMA.GOV



CHARLES PERINE
DIRECTOR

PRENEED CERTIFICATE OF AUTHORITY 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 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:

- ☐ 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
- ☐ Preneed Sales Agent Application and required documentation
- ☐ Endowment Care Trust Agreement (if applicable)
- ☐ Branch Registrant Application (if applicable)



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CHARLES PERINE
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PRENEED CERTIFICATE OF AUTHORITY NEW APPLICATION FORM AL-PNC-2 (REVISED 5/2024)

Type of Business (Check appropriate box below)
<input type="checkbox"/> Funeral Establishment
<input type="checkbox"/> Combination Funeral/Cemetery
<input type="checkbox"/> Cemetery Authority
<input type="checkbox"/> Third-Party Seller

NAME OF BUSINESS ENTITY (APPLICANT)

D/B/A NAME (if applicable)

PHYSICAL ADDRESS (Street, City, State, Zip Code) (No P. O. Box)

TELEPHONE NUMBER

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

FISCAL YEAR END DATE

- Type of Organization: ☐ Individual ☐ Partnership ☐ LLC ☐ LLP ☐ C Corp ☐ S Corp
- Is this application part of a transfer? ☐ Yes ☐ No **If yes**, was it operated as a Branch Registrant PN# _____
- Is the Applicant operating at more than one location under a common business enterprise with the same name?
☐ Yes ☐ No
If yes, list the address of each location and the type of business (Funeral Establishment, Cemetery Authority, Combination Funeral/Cemetery, or Third-Party Seller) at each location on a separate page.
- Does the Applicant have any additional locations which will be conducting preneed business under the Certificate of Authority? ☐ Yes ☐ No
If yes, you will need to complete a Preneed Branch Registration for each location.
- What type of preneed contracts will be written? ☐ Funeral ☐ Cemetery ☐ Funeral and Cemetery.
Attach a copy of the preneed contract(s) the Applicant will use to write preneed and/or cemetery merchandise and services.

Form continued on next page.

NEW PRENEED CERTIFICATE OF AUTHORITY APPLICATION

6. What type of funding will be used to fund preneed contracts? (Check all that apply)
- ☐ Trust ☐ Life Insurance ☐ Letter of Credit ☐ Surety Bond
7. On a separate page, list the trustee, life insurance company, letter of credit bank, or surety bond company.
- Attach a copy of each of the funding vehicle(s) to be used by the Applicant.
8. Has or is the Applicant or any person listed herein, or any person with power to direct the management or policies of the Applicant, been the subject of:
- A pending criminal prosecution or governmental enforcement action in any jurisdiction: ☐ Yes ☐ No
 - Convicted or found guilty, regardless of adjudication, of any crime involving fraud, dishonest dealing, or any other act of moral turpitude: ☐ Yes ☐ No
 - 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).
9. Has the 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.
10. Has the Applicant ever held a preneed certificate of authority? ☐ Yes ☐ No **If yes**, explain on a separate page.
11. Has the 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.
12. 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



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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

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

IMMIGRATION:

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: _____

Form continued with the List of Principals on the next page.

NEW PRENEED CERTIFICATE OF AUTHORITY APPLICATION

LIST OF PRINCIPALS

General Instructions and Information:

1. List all the principals for the Certificate of Authority.
2. Include all officers, directors, owners, partners, etc.
3. This page can be copied as many times as is necessary. Please indicate at the top of each page the page number and total number of pages.

Summary Information:

Printed Name: _____

Relationship to Certificate of Authority Holder: _____

Title: ☐ Owner (% of Ownership: _____) ☐ Partner ☐ Member (LLC) ☐ Director ☐ Officer

Other: _____

Printed Name: _____

Relationship to Certificate of Authority Holder: _____

Title: ☐ Owner (% of Ownership: _____) ☐ Partner ☐ Member (LLC) ☐ Director ☐ Officer

Other: _____

Printed Name: _____

Relationship to Certificate of Authority Holder: _____

Title: ☐ Owner (% of Ownership: _____) ☐ Partner ☐ Member (LLC) ☐ Director ☐ Officer

Other: _____

Printed Name: _____

Relationship to Certificate of Authority Holder: _____

Title: ☐ Owner (% of Ownership: _____) ☐ Partner ☐ Member (LLC) ☐ Director ☐ Officer

Other: _____

Printed Name: _____

Relationship to Certificate of Authority Holder: _____

Title: ☐ Owner (% of Ownership: _____) ☐ Partner ☐ Member (LLC) ☐ Director ☐ Officer

Other: _____

Form continued on next page.

NEW PRENEED CERTIFICATE OF AUTHORITY 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 board 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 of 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.

By affixing my signature to this form, I hereby agree that the Alabama Board of Funeral Services may make full inquiry of each of the above named persons and all former employers and all other persons concerning my business, professional or moral character and reputation, including the procurement of letters, statements or affidavits concerning the same that may be deemed pertinent to a determination of my qualifications for application to obtain a certificate of authority to sell preneed funeral merchandise and services, and do specifically waive all claims, damages, rights of action or causes of action that might otherwise accrue to me against any of said persons, resulting or arising from, or by reason of, any and all statements of fact or opinion given in good faith concerning me expressed by any of them in reply to any inquiry made by, or under the direction of, the Alabama Board of Funeral Services, whether the same be responsive to, or necessarily required by, such inquiry or not, and that all such statements shall be deemed privileged and not actionable by me unless such statements are, in fact, willfully made and falsely given with malice toward me. I understand that this inquiry may include a criminal background check through the Alabama Department of Public Safety or any other appropriate state agency and the National Criminal Information Center (NCIC).

CERTIFICATION

I hereby certify that the information presented herein is true and correct to the best of my knowledge and belief, that said information is submitted voluntarily by me to the Alabama Board of Funeral Services as essential data in connection with the application described above, and acknowledge that any misstatement may cause the Alabama Board of Funeral Services to initiate proceedings against the license.

Signature of Applicant/Authorized Representative

Date

Print Name

This application must be accompanied by the payment of a \$198.00 non-refundable application fee.

ATTENTION: If additional information is required by the board, the requested information must be provided within twenty (20) business days from the date of the request. Failure for timely response will result in a denial of your application.

APPLICATION TO REVIEW ALABAMA CRIMINAL HISTORY RECORD INFORMATION



PERSONAL INFORMATION

Full Name (First, Middle, Last, Suffix): _____ Sex/Gender: ☐ Male ☐ Female

Aliases/Nickname: _____

Applicant Current Address: _____

City: _____ State: _____ Zip Code: _____ SSN: _____

Date of Birth: _____ (MM/DD/YYYY) Driver's License Number: _____ Issuing State: _____

Race: ☐ White ☐ Black ☐ Asian ☐ Indian ☐ Other (please specify) _____

Home Phone: (____) _____ Mobile Phone: (____) _____ Work Phone: (____) _____

WORK INFORMATION

Employer Name: _____ Employer Phone: (____) _____

Contractor Name: _____ Contractor Phone: (____) _____

State Agency: _____ Agency Phone: (____) _____

Work Email Address: _____

Job Role/Classification: _____ Supervisor Name: _____

Included with my Release are the following items:

- ☐ Completed Application signed by applicant and two witnesses OR notarized.
- ☐ The required copy of my valid photo identification.
- ☐ A classifiable copy of my own fingerprints taken by an authorized law enforcement agency as required.
- ☐ *If applying for state employment/licensure/certification, reference that agency's fee requirements for a background check.*
- ☐ **PERSONAL REQUESTS ONLY:** The required \$25.00 administrative fee (must be in the form of a money order or Cashier's check made payable to the ALEA, Criminal Records and Identification Unit).

AFFIDAVIT FOR RELEASE INFORMATION

I hereby authorize the Alabama Law Enforcement Agency to release any and all criminal history information to:

ALABAMA BOARD OF FUNERAL SERVICE, 4276 LOMAC STREET, MONTGOMERY, AL 36106

Name & Address of Requesting Agency or Authorized Agent*

I, the above referenced individual, hereby request to release any and all criminal history record information (CHRI) maintained by both the Alabama Law Enforcement Agency, the Federal Bureau of Investigation, and any information relating to my past record and character whether it be financial, academic, military, employment, judicial, or personal reference. I hereby release all parties contributing such information from any charges or liability whatsoever because of furnishing said information. By signing below and submitting this application, I hereby verify that the information listed in my application and in the attached documentation is correct. I also acknowledge that I understand that, in accordance with Section 41-9-601 of the Code of Alabama 1975, that any person who willfully requests, obtains or seeks to obtain criminal offender record information under false pretenses, or who willfully communicates or seeks to communicate criminal offender record information to any agency or person without authorization, may be guilty of a felony, and shall be fined not less than \$5,000 nor more than \$10,000 or imprisoned in the state penitentiary for not more than five years or both. § 41-9-601, Code of Ala. (1975). Furthermore, as set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34 I have the right to challenge or appeal any portion of my state and/or federal CHRI that I believe to be inaccurate (see "Appendix A" for contact information).

Applicant Signature _____ Date _____

Name of Witness _____ Name of Witness _____

Address of Witness _____ Address of Witness _____

City, State and Zip _____ City, State and Zip _____

Sworn to and subscribed before me this ____ day of _____, 20__.

Notary Signature _____ My Commission Expires _____, 20__.

FOR ALEA OFFICIAL USE ONLY: TCN: _____ SID: AL _____

Received By (Initials): _____/Date: ____/____/____ Processed By (initials): _____/Date: ____/____/____

Walk-in/Hand Delivered _____ Mailed _____ Status: _____ Initials: _____ Date: ____/____/____

Billed: _____ Paid: _____ No Charge: _____

Check#: _____

Background Check Qty: _____ Total: \$ _____

Certified Letter Qty: _____ Total: \$ _____

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