

# ALABAMA BOARD OF FUNERAL SERVICES

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



## 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:**

- O Company meets minimum equity requirement of \$10,000.
- O 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
- O 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
- O 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)
- O Branch Registrant Application (if applicable)



NAME OF BUSINESS ENTITY (APPLICANT)

### ALABAMA **BOARD OF FUNERAL SERVICES**

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#### PRENEED CERTIFICATE OF AUTHORITY **NEW APPLICATION**

FORM AL-PNC-2 (REVISED 5/2024)

l	Type of Business
	(Check appropriate box below)
Ţ	☐ Funeral Establishment
	☐ Combination Funeral/Cemetery
	☐ Cemetery Authority
	☐ Third-Party Seller
D/B/A NAME	(if applicable)
	TELEPHONE NUMBER
ode)	FAX NUMBER
NUMBER	
R END DATE	
P □ C Corp	□ S Corp
ated as a Brand	ch Registrant PN#
	prise with the same name?

PHYSICAL ADDRESS (Street, City, State, Zip Code) (No P. O. Box)		TELEPHONE NUMBER
N	MAILING ADDRESS (P. O. Box or Street Address, State, City, Zip Code)	FAX NUMBER
E	E-MAIL ADDRESS FSB LICENSE NUMBER	
F	FEDERAL EMPLOYER I. D. NUMBER FISCAL YEAR END DATE	ГЕ
1.	Type of Organization: □ Individual □ Partnership □ LLC □ LLP □ C Cor	p □ S Corp
2.	Is this application part of a transfer? □ Yes □ No If yes, was it operated as a B	ranch Registrant PN#
3.	Is the Applicant operating at more than one location under a common business er	nterprise with the same name?
	□ Yes □ No	
	If yes, list the address of each location and the type of business (Funeral Esta	blishment, Cemetery Authority,
	Combination Funeral/Cemetery, or Third-Party Seller) at each location on a s	separate page.
4.	Does the Applicant have any additional locations which will be conducting prene	ed business under the Certificate of
	Authority? □ Yes □ No	
	If yes, you will need to complete a Preneed Branch Registration for each local	ation.
5.	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 prene	ed 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. 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).
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
	<u>If yes</u> , 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? $\square$ Yes $\square$ No <u>If yes</u> , 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-908 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: <u>www.fsb.alabama.gov</u>



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

	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
	n NOT a United States Citizen. The copy of the document(s) to prove legal presence I am submitting (and attached to this checklist) is ollows:
	I-551 Permanent Resident Card (copy front and back)
	I-766 Employment Authorization Card (copy front and back)
	Other: (Explain)
t I er	GRATION:  o. 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 ed to as Alabama's Immigration Law or the Beason-Hammon Act and imposes certain requirements on persons applying for o
ct I fer nev nev wfu r su th ocu	GRATION:  o. 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 ed to as Alabama's Immigration Law or the Beason-Hammon Act and imposes certain requirements on persons applying for o ing a professional license. Specifically, Section 31-13-29 of the Code of Alabama 1975 requires that applicants applying for o ing a professional license must demonstrate his or her United States citizenship, or if not a United States Citizen, his or he presence in the United States. The Immigration Law also provides that a citizen shall not be required to demonstrate citizenship obsequent transactions. Please see below for two lists of documents, one to demonstrate a person's United States citizenship other to demonstrate lawful presence in the United States. You must select your appropriate status, choose the appropriate nent(s) from the list of documents, include a copy of the selected document(s) with this form and submit it with you ation.
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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 as submitted voluntarily by me to the Alabama Board of Funeral above, and acknowledge that any misstatement may cause the Alabama.	al Services as essential data in connection	with the application described
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.

#### ALABAMA LAW ENFORCEMENT AGENCY

#### **APPLICATION TO REVIEW ALABAMA CRIMINAL HISTORY RECORD INFORMATION**

PERSONAL INFORMATION					ROEMES
Full Name (First, Middle, Last, Suffix,	):		Se	x/Gender: Male	Female
Aliases/Nickname:					
Applicant <u>Current</u> Address:					
City:	State:	Zip Code:	SSN:		
Date of Birth:	(MM/DD/YYYY) <b>D</b> I	river's License Numbe	er:	Issuing State:	
Race: • White • Black					
Home Phone: ()					
WORK INFORMATION					
Employer Name:		Emp	oloyer Phone: (	)	
Contractor Name:		Con	tractor Phone: (	)	
State Agency:		Age	ncy Phone: (	)	
Work Email Address:					
Job Role/Classification:					
☐ If applying for state emplo ☐ PERSONAL REQUESTS ON. made payable to the ALEA  AFFIDAVIT FOR RELEASE INF	<u>LY:</u> The required \$25.00 A, Criminal Records and	0 administrative fee <i>(mເ</i>		= =	
I hereby authorize the Alabama Lo ALABAMA BOARD OF FUNERAL	aw Enforcement Agenc				
Name & Address of Requesting Agenc				<u> </u>	
I, the above referenced individual, hereby Agency, the Federal Bureau of Investigati judicial, or personal reference. I hereby responsible signing below and submitting this appacknowledge that I understand that, in a obtain criminal offender record informatic agency or person without authorization, in for not more than five years or both. § 41 right to challenge or appeal any portion of	ion, and any information rellease all parties contributing plication, I hereby verify that cordance with Section 41-5 on under false pretenses, or vany be guilty of a felony, and 1-9-601, Code of Ala. (1975).	lating to my past record and such information from any chat the information listed in m9-601 of the Code of Alabam who willfully communicates of shall be fined not less than \$ Furthermore, as set forth at	character whether it be harges or liability whatsony application and in the a 1975, that any person or seeks to communicate \$5,000 nor more than \$10 Title 28, Code of Federal	e financial, academic, military bever because of furnishing sa e attached documentation is n who willfully requests, obta criminal offender record info 0,000 or imprisoned in the sta I Regulations (CFR), Section 1	y, employment, nid information. correct. I also nins or seeks to prmation to any ate penitentiary
Applicant Signature			Date		
Name of Witness		Name of Wit	ness		
Address of Witness					
City, State and Zip		City, State an	nd Zip		
Sworn to and subscribed befor	e me thisday of	f	_, 20 <u></u> .		
Notary Signature		My Commission	Expires	, 20	
FOR ALEA OFFICIAL USE ONLY: _TCN  Received By (Initials):/Date:  Walk-in/Hand DeliveredMailed	_//_Processed By (ini	itials):/Date:/	Check#:	Paid:No Charge: I Check Qty: Total: \$ tter Qty: Total: \$	

#### 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 information about how we may use and disclose federal/state criminal hi	istory record
information about you. By signing this receipt, you acknowledge that you have reviewed, or have been given the opportunity to review	w, our Notice
of Privacy Disclosure Statement.	

Signature Date