

This registration form shall be accompanied by payment of a \$33 non-refundable registration fee. Make check or money order payable to "Alabama Board of Funeral Services" All requirements for registration must be satisfied within twenty (20) days from date of request by the board. An individual may begin functioning as a Preneed Sales Agent (PSA) as soon as a completed application for registration is approved by the board. The registration, unless disapproved, will be issued for the remainder of the license year, which ends September 30<sup>th</sup> each year. Certificate Holders must notify the board within 30 days after any individual's status as a PSA has been terminated. On or before September 1<sup>st</sup> of each year, the PSA registration must be renewed for the upcoming fiscal year. Renewal of PSAs may be performed on-line at [fsb.alabama.gov](http://fsb.alabama.gov).

**PART A (TO BE COMPLETED BY THE SPONSORING PRENEED CERTIFICATE HOLDER) - PLEASE TYPE or PRINT CLEARLY**

I hereby affirm that the Preneed Sales Agent (PSA) applicant described in this application is authorized to offer, sell, and sign preneed contracts on behalf of the Preneed Certificate Holder identified in this application and that the applicant will be trained in the provisions of Chapter 13 of Title 34, Code of Alabama 1975, as it relates to PSAs, preneed sales, preneed contracts, penalties for violations and the nature of merchandise, services, and burial rights sold by this Certificate Holder.

Name of Preneed Certificate Holder: \_\_\_\_\_

FEIN: \_\_\_\_\_ Company Certificate Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street or P.O. Box City State Zip Code

Name of Authorized Signer for Preneed Certificate Holder: \_\_\_\_\_

Authorized Signer's Phone Number \_\_\_\_\_ Email Address: \_\_\_\_\_

Authorized Signature for Preneed Certificate Holder: \_\_\_\_\_ Date: \_\_\_\_\_

**PART B (TO BE COMPLETED BY THE PSA APPLICANT) - PLEASE TYPE or PRINT CLEARLY**

Name of PSA Applicant: \_\_\_\_\_

List any other names by which you have been known (maiden name, alias, etc.):  
\_\_\_\_\_PSA License Number\*: \_\_\_\_\_ Social Security No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\*if already registered in Alabama Month Day YearAddress: \_\_\_\_\_  
Street (no P.O. Box) City State Zip Code TelephoneMailing Address,  
if different: \_\_\_\_\_  
Street or P.O. Box City State Zip Code

Email Address: \_\_\_\_\_

The Preneed Sales Agent (PSA) applicant must carefully read each of the following questions and indicate his or her answer as "Yes" or "No" in the space indicated. **For each "Yes" answer to questions 1, 2, 3, or 4, you must attach a written explanation providing details and documentation of the final disposition of the case(s).**

1. What type of preneed entity will you be registered with? (Please check all that apply)

Funeral Establishment

Cemetery

Combination Funeral Establishment and Cemetery

2. Have you ever had a license (or its equivalent) to practice any profession or occupation denied, suspended or revoked, or otherwise acted against? Yes \_\_\_ No \_\_\_
3. Are you the subject of any pending governmental enforcement actions in any jurisdiction? Yes \_\_\_ No \_\_\_
4. Have you ever been convicted of, had a judgment withheld or deferred, or are you currently charged with, committing a crime? Yes \_\_\_ No \_\_\_

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic charges and juvenile adjudications. “Convicted” includes, but is not limited to, having been found guilty by verdict or a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence, or a fine.

If you answer yes, you **MUST ATTACH** to this application:

- a.) a written statement explaining the circumstances of each incident,
- b.) a copy of the charging document, and
- c.) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

5. If your answer to number 4 above was “yes”, did the conviction or charge in question relate, in any way, to the funeral or cemetery business? Yes \_\_\_ No \_\_\_

6. Are you now or have you ever been licensed as an insurance agent or insurance broker in the State of Alabama? Yes \_\_\_ No \_\_\_

If so licensed in the last 5 years, please indicate your license number \_\_\_\_\_

7. Are you registered as a preneed sales agent on behalf of any preneed certificate holder(s) other than as indicated on page one of this application? Yes \_\_\_ No \_\_\_

If the answer is yes, attach a copy of written consent from all certificate holder(s).

If so, please indicate the names of the other certificate holder(s) (attach additional sheets if necessary):

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I hereby affirm, under penalty of perjury, that all of the information submitted in this application, including the answers to the questions on page two, the citizenship declaration on page two and any supporting documentation attached hereto, is true and correct and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for the revocation of the registration and may subject me to civil and criminal penalties. By signing below I also acknowledge that I have read and been trained in the provisions of Chapter 13 of Title 34, Code of Alabama 1975, as it relates to PSAs, preneed sales, preneed contracts, penalties for violations and the nature of merchandise, services, and burial rights sold by the above-named Preneed Certificate Holder and that I meet the requirements set forth in said law as a PSA.

Signature of PSA Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

PHYSICAL ADDRESS:  
 4276 LOMAC STREET  
 MONTGOMERY, ALABAMA 36106  
 WEBSITE: [www.fsb.alabama.gov](http://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*

<b>I am a United States (US) Citizen. I am submitting the attached copy of my document to prove citizenship/legal presence:</b>	
<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
<b>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:</b>	
<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: \_\_\_\_\_

## INSTRUCTIONS:

1. **PLEASE TYPE OR PRINT.** Registration of Preneed Sales Agents (PSA) must be on Form AL-PNS-4 (01/2016). This form may be reproduced.
2. **All signatures on the form must be original. No photocopies or facsimiles of signatures will be accepted.**
3. The PSA applicant must complete Part B of this form before the Preneed Certificate Holder completes Part A. If the PSA applicant has previously registered in the State of Alabama and already issued a PSA License Number, please indicate the number. If not, please leave blank and a number will be assigned.
4. After the PSA applicant has completed Part B, an authorized signor of the Preneed Certificate Holder must then complete Part A. The Certificate Holder must carefully review the Applicant's answers to all questions, along with any and all attachments. Please note that an authorized signor of the Certificate Holder must sign the statement indicating that the PSA applicant "has been trained in the provisions of Chapter 13 of Title 34, Code of Alabama 1975, as it relates to PSAs, preneed sales, preneed contracts, penalties for violations and the nature of merchandise, services and burial rights sold by this Certificate Holder."
5. Please attach a company check or money order in the amount of \$33, which is a non-refundable registration fee, payable to "Alabama Board of Funeral Services." The application will be returned without processing if not accompanied by the fee indicated. Multiple applications may be submitted together with one check for all combined fees.
6. Include evidence of citizenship, such as a driver's license, or evidence of lawful presence in accordance with the Beason-Hammon Alabama Taxpayer and Citizen Protection Act.
7. Include 2 sets of fingerprints **AND** background check fee of \$38.25. Background checks are required for "any application to the Board for a license, certificate, or registration".
8. MAIL the completed application to: Alabama Board of Funeral Services  
P.O. Box 309522  
Montgomery, AL 36130

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 Billed: Paid: No Charge: Check#: Background Check Qty: Total: \$ Certified Letter Qty: Total: \$

