# ALABAMA BOARD OF FUNERAL SERVICES REGISTRATION OF PRENEED SALES AGENT

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.

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:	Compan	y Certificate Numbe	r:	
Address:Street or P.O. Box		City	State	Zip Code
Street or P.O. Box	(	City	State	ZIP Code
Name of Authorized Signer for Prene	ed Certificate Holder:			
Authorized Signer's Phone Number_		Email Address: _		
Authorized Signature for Preneed Ce		Date:		
Name of PSA Applicant: List any other names by whi				
PSA License Number*: *if already registered in Alabama	Social Security N	0.:	Date of Birth:	nth Day Year
Address:Street (no P.O. Box)	City	State	Zip Code	Telephone
Mailing Address, if different:Street or P.O. Box				
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

# ALABAMA BODRF OF FUNERAL SERVICES REGISTRATION OF PRENEED SALES AGENT

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 contendre, or having been given probation, a suspended sentence, or a fine.		
	If you answer yes, you <b>MUST ATTACH</b> to this application: <ul> <li>a.) a written statement explaining the circumstances of each incident,</li> <li>b.) a copy of the charging document, and</li> <li>c.) a copy of the official document which demonstrates the resolution of the charges or any final judgment.</li> </ul>		
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):		
		-	
que corr with sign 197	reby affirm, under penalty of perjury, that all of the information submitted in this application, including the answer stions on page two, the citizenship declaration on page two and any supporting documentation attached hereto ect and complete. I am aware that submitting false information or omitting pertinent or material information in this application is grounds for the revocation of the registration and may subject me to civil and criminal puting below I also acknowledge that I have read and been trained in the provisions of Chapter 13 of Title 34, Cod 5, as it relates to PSAs, preneed sales, preneed contracts, penalties for violations and the nature of merchandist burial rights sold by the above-named Preneed Certificate Holder and that I meet the requirements set forth in A.	, is true an connecti enalties. le of Alaba se, service	ion By ama es,
Sigr	nature of PSA Applicant: Date:		

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 LAWFILL PRESENCE IN THE LIS

Ιa	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
	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 follows:
	I-551 Permanent Resident Card (copy front and back)
	I-766 Employment Authorization Card (copy front and back)
	Other: (Explain)
	<b>IIGRATION:</b> 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 i

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:			

# ALABAMA BOARD OF FUNERAL SERVICES REGISTRATION OF PRENEED SALES AGENT

## **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 <u>AND</u> background check fee of \$38.25. Background checks are required for "any application to the Board for a license, certificate, or registration".
- MAIL the completed application to: Alabama Board of Funeral Services P.O. Box 309522 Montgomery, AL 36130

# **ALABAMA LAW ENFORCEMENT AGENCY**

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

PERSONAL INFORMATION			A PROPERTY OF THE PROPERTY OF
Full Name (First, Middle, Last, Suffix,	):		Sex/Gender:
Aliases/Nickname:			
Applicant Current Address:			
City:	State:	_Zip Code:	SSN:
Date of Birth:	(MM/DD/YYYY) <b>Drive</b>	r's License Number:_	Issuing State:
			Work Phone: ()
WORK INFORMATION			
Employer Name:		Employ	yer Phone: ()
Contractor Name:		Contra	ctor Phone: ()
State Agency:		Agency	/ Phone: ()
Work Email Address:			
☐ PERSONAL REQUESTS ON	ILY: The required \$25.00 adı A, Criminal Records and Ider ORMATION aw Enforcement Agency to	ministrative fee (must b ntificationUnit). o release any and all cri	
Name & Address of Requesting Agend	cy or Authorized Agent*		
Agency, the Federal Bureau of Investigat judicial, or personal reference. I hereby re By signing below and submitting this ap acknowledge that I understand that, in a obtain criminal offender record informatic agency or person without authorization, of for not more than five years or both. § 42	tion, and any information relating elease all parties contributing such plication, I hereby verify that the accordance with Section 41-9-601 ion under false pretenses, or who wan may be guilty of a felony, and shall 1-9-601, Code of Ala. (1975). Furth	n to my past record and char information from any charge information listed in my ap tof the Code of Alabama 19 willfully communicates or see Il be fined not less than \$5,00 hermore, as set forth at Title	ation (CHRI) maintained by both the Alabama Law Enforcement racter whether it be financial, academic, military, employment, es or liability whatsoever because of furnishing said information. oplication and in the attached documentation is correct. I also 175, that any person who willfully requests, obtains or seeks to eks 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 1896 see "Appendix A" for contact information).
Applicant Signature			Date
Name of Witness		Name of Witnes	ss
			ness
City, State and Zip		City, State and Z	Zip
Sworn to and subscribed befor	e me thisday of	, 2	20
			 oires, 20
FOR ALEA OFFICIAL USE ONLY: TCN  Received By (Initials):/Date:  Walk-in/Hand DeliveredMailed	I:SID: /Processed By (initials)	AL	Billed:Paid:No Charge:

## 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).

*.64	Statement provides information about how we may use and disclose federal/state criminal history record
intormation about you. By signing this receipt, you acknowledge that you have reviewed, or have been given the opportunity to review, our Not	his receipt, you acknowledge that you have reviewed, or have been given the opportunity to review, our Notice
of Privacy Disclosure Statement.	

Signature	Date	_