PHYSICAL ADDRESS: 4276 Lomac Street Montgomery, Alabama 36106

WEBSITE:

www.fsb.alabama.gov

E-MAIL ADDRESS: info@fsb.alabama.gov



MAILING ADDRESS: Post Office Box 309522 Montgomery, Alabama 36130

OFFICE TELEPHONE NUMBER: 334-242-4049

FAX NUMBER: 334-353-7988

APPLICATION FOR ADDITIONAL REGISTRATIONS OF PRENEED SALES AGENT

No application will be considered for licensure until all items on the checklist are satisfied, unless otherwise approved by the Board

THE NAME OF DESIGNED CALCULATION AS IT ADDEADS ON LICENSE					
FULL NAME OF PRENEED SALES AGENT AS IT APPEARS ON LICENSE:					
MAILING ADDRESS:					
PHYSICAL ADDRESS (if different from mailing address):					
E-MAIL ADDRESS:	TELEPHONE NUMBER:				
PRENEED SALES AGENT LICENSE NUMBER:	INSURANCE PRODUCER LICENSE NUMBER (if applicable):				
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	IF YES, ON A SEPARATE PAGE, EXPLAIN.				
2. ARE YOU THE SUBJECT OF ANY PENDING GOVERNMENTAL ENFORCEMENT ACTIONS IN ANY JURISDICTION? Yes No	IF YES , ON A SEPARATE PAGE, EXPLAIN.				
3. HAVE YOU EVER BEEN CONVICTED OF, HAD JUDGEMENT WITHHELD OR DEFERRED, OR ARE YOU CURRENTLY CHARGED WITH, COMMITTING A CRIME? Yes No	"CRIME" INCLUDES MISDEMEANOR, FELONY, OR MILITARY OFFENSE. YOU MAY EXCLUDE MISDEMEANOR TRAFFIC CHARGES AND JUVENILE ADJUCATIONS. "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 YES, YOU MUST ATTACH TO THIS APPLICATION: A. A WRITTEN STATEMENT EXPLAINGING 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 JUDGEMENT.					
3A. IF YES TO NUMBER 3, DID THE CONVICTION OR CHARGE IN QUESTION ANY WAY, TO THE FUNERAL OR CEMETERY BUSINESS?: Yes No N/A	I RELATE, IN IF YES, ON A SEPARATE PAGE, EXPLAIN.				

1

Revised 10/2024

This page can be copied as many times as necessary. Please indicate at the bottom of each page the page number and total number of pages

THE FOLLOWING IS SUBMITTED IN ACCORDANCE WITH TITLE 34, CHAPTER 13 OF THE CODE OF ALABAMA, 1975, AND ADMINISTRATIVE CODE 395

I CERTIFY THAT I AM CURRENTLY LICENSED AS A HEREIN WILL SUBJECT MY ALABAMA LICENSE AS				THAT ANY FALSE STATEMENT GIVEN	
FULL NAME OF PRENEED SALES AGENT AS IT APPEARS ON LICENSE:					
SIGNATURE OF PRENEED SALES AGENT:					
DATE SIGNED:					
NAME OF CERTIFICATE OF AUTHORITY UNDER W	HICH THE PRENEED SALES	S AGENT IS <u>C</u>	URRENTLY REC	GISTERED:	
CERTIFICATE OF AUTHORITY LICENSE NUMBER:	TYPE OF PRENEED ENTIT Funeral Establish		Cemetery	Combination Funeral/Cemetery	
I UNDERSTAND THAT BY SIGNING THIS FORM BELOW, I AM AGREEING TO AND GRANTING PERMISSION TO THE PRENEED SALES AGENT LISTED ABOVE TO BE REGISTERED WITH MY CERTIFICATE OF AUTHORITY AS WELL AS THE CERTIFICATES OF AUTHORITY LISTED IN THIS FORM. I UNDERSTAND AND AFFIRM THAT BEGINNING ON THE DATE INDICATED, THE PRENEED SALES AGENT MAY BEGIN SELLING PRENEED FOR ALL CERTIFICATES OF AUTHORITY LISTED IN THOS FORM. I ALSO HEREBY CERTIFY THAT I HAVE THE RIGHT TO GRANT SUCH PERMISSIONS ON BEHALF OF THE CERTIFICATE OF AUTHORITY.					
FULL NAME OF AUTHORIZED REPRESENTATIVE O	F THE CERTIFICATE OF AU	JTHORITY:			
SIGNATURE OF AUTHORIZED REPRESENTATIVE O	F THE CERTIFICATE OF AU	JTORITY:			
DATE SIGNED:					
NAME OF CERTIFICATE OF AUTHORITY UNDER W	HICH THE PRENEED SALES	S AGENT IS <u>S</u>	EEKING REGIST	'RATION:	
CERTIFICATE OF AUTHORITY LICENSE NUMBER:	TYPE OF PRENEED ENTIT Funeral Establish		Cemetery	Combination Funeral/Cemetery	
I UNDERSTAND THAT BY SIGNING THIS FORM BELOW, I AM AGREEING TO AND GRANTING PERMISSION TO THE PRENEED SALES AGENT LISTED ABOVE TO BE REGISTERED WITH MY CERTIFICATE OF AUTHORITY AS WELL AS THE CERTIFICATES OF AUTHORITY LISTED IN THIS FORM. I UNDERSTAND AND AFFIRM THAT BEGINNING ON THE DATE INDICATED, THE PRENEED SALES AGENT MAY BEGIN SELLING PRENEED FOR ALL CERTIFICATES OF AUTHORITY LISTED IN THOS FORM. I ALSO HEREBY CERTIFY THAT I HAVE THE RIGHT TO GRANT SUCH PERMISSIONS ON BEHALF OF THE CERTIFICATE OF AUTHORITY.					
FULL NAME OF AUTHORIZED REPRESENTATIVE O	F THE CERTIFICATE OF AU	JTHORITY:			
SIGNATURE OF AUTHORIZED REPRESENTATIVE O	F THE CERTIFICATE OF AU	JTORITY:			
DATE SIGNED:			AME OF AVERAGE		
A \$33.00 APPLICATION FEE MUST BE SUBMITTED SEEKING REGISTRATION. ONCE ALL NECESSARY I APPLICATION. THE PRENEED SALES AGENT MAY	DOCUMENTATION AND FE	ES HAVE BEI	EN RECEIVED, T	HE BOARD WILL REVIEW YOUR	

2

Revised 10/2024

Page _____ of ____