

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 NEW PRENEED SALES AGENT REGISTRATION

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

### PART 1: TO BE COMPLETED BY PRENEED SALES AGENT APPLICANT. PLEASE READ ALL QUESTIONS AND INSTRUCTIONS CAREFULLY BEFORE SIGNING.

NAME OF PRENEED SALES AGENT APPLICANT:	
LIST ANY OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN (MAIDEN NAME, ALIAS, ETC.)	
MAILING ADDRESS:	
PHYSICAL ADDRESS (if different from mailing address):	
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:
E-MAIL ADDRESS:	TELEPHONE NUMBER:
1. 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  <b>IF YES, ON A SEPARATE PAGE, EXPLAIN.</b>	
2. ARE YOU THE SUBJECT OF ANY PENDING GOVERNMENTAL ENFORCEMENT ACTIONS IN ANY JURISDICTION?  Yes                      No  <b>IF YES, ATTACH A WRITTEN EXPLANATION PROVIDING DETAILS AND CONUMENTATION OF THE ACTION TO THIS APPLICATION.</b>	
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.	
<b>IF YES, YOU MUST ATTACH TO THIS APPLICATION:</b> 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 JUDGEMENT.	

3A. <b>IF YES TO NUMBER 3</b> , DID THE CONVICTION OR CHARGE IN QUESTION RELATE, IN ANY WAY, TO THE FUNERAL OR CEMETERY BUSINESS?:			<b>IF YES</b> , ON A SEPARATE PAGE, EXPLAIN.
Yes	No	N/A	

4. ARE YOU NOW OR HAVE YOU EVER BEEN LICENSED AS AN INSURANCE AGENT OR INSURANCE BROKER IN THE STATE OF ALABAMA?	<b>IF SO LICENSED IN THE LAST 5 YEARS</b> , PLEASE INDICATE YOUR LICENSE NUMBER.
Yes	No

5. ARE YOU REGISTERED AS A PRENEED SALES AGENT ON BEHALF OF ANY PRENEED CERTIFICATE OF AUTHORITY OTHER THAN AS INDICATED IN THIS APPLICATION?	<b>IF YES</b> , ATTACH A COPY OF WRITTEN CONSENT FROM ALL CERTIFICATE OF AUTHORITY HOLDERS WITH THIS APPLICATION.
Yes	No

BY SIGNING BELOW, I HEREBY AFFIRM, UNDER PENALTY OF PERJURY, THAT ALL OF THE INFORMATION SUBMITTED IN THIS APPLICATION, INCLUDING THE ANSWERS TO QUESTIONS 1 THROUGH 5, AND ANY SUPPORTING DOCUMENTATION ATTACHED HERETO, IS TRUE, 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 OR WILL READ AND WILL BE TRAINED IN THE PROVISIONS OF CHAPTER 13 OF TITLE 34, CODE OF ALABAMA 1975, AS IT RELATES TO PRENEED SALES AGENTS, PRENEED SALES, PRENEED CONTRACTS, PENALTIES FOR VIOLATIONS AND THE NATURE OF MERCHANDISE, SERVICES, AND BURIAL RIGHTS SOLD BY THE CERTIFICATE OF AUTHORITY NAMED IN THIS APPLICATION AND THAT I MEET THE REQUIREMENTS SET FORTH IN SAID LAW AS A PRENEED SALES AGENT.

NAME OF PRENEED SALES AGENT APPLICANT:

SIGNATURE OF PRENEED SALES AGENT APPLICANT:

DATE SIGNED:

**PART 2: TO BE COMPLETED BY THE AUTHORIZED REPRESENTATIVE OF THE CERTIFICATE OF AUTHORITY UNDER WHICH THE PRENEED SALES AGENT APPLICANT WILL BE REGISTERED UPON APPROVAL OF APPLICATION BY THE BOARD.**

NAME OF CERTIFICATE OF AUTHORITY UNDER WHICH THE PRENEED SALES AGENT WILL BE REGISTERED:

TYPE OF BUSINESS ENTITY (check the appropriate box):

Funeral Establishment	Cemetery Authority	Combination Funeral and Cemetery	Third-Party Seller
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D/B/A NAME (if applicable):

MAILING ADDRESS:

PHYSICAL ADDRESS (if different from mailing address):

CERTIFICATE OF AUTHORITY'S E-MAIL ADDRESS:	CERTIFICATE OF AUTHORITY'S TELEPHONE NUMBER:
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FUNERAL ESTABLISHMENT LICENSE NUMBER (if applicable):	FEDERAL EMPLOYER IDENTIFICATION NUMBER:
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CERTIFICATE OF AUTHORITY'S FISCAL YEAR END DATE:	CERTIFICATE OF AUTHORITY LICENSE NUMBER:
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WILL THE PRENEED SALES AGENT BE WRITING PRENEED CONTRACTS FOR A BRANCH REGISTRANT OF THE CERTIFICATE OF AUTHORITY?	<b><u>IF YES</u></b> , WHAT IS THE NAME OF THE BRANCH REGISTRANT?
Yes	No
BY SIGNING BELOW, I, AS THE AUTHORIZED REPRESENTATIVE OF THE CERTIFICATE OF AUTHORITY, HEREBY AFFIRM THAT THE PRENEED SALES AGENT APPLICANT DESCRIBED IN THIS APPLICATION IS AUTHORIZED TO OFFER, SELL, AND SIGN PRENEED CONTRACTS ON BEHALF OF THE CERTIFICATE OF AUTHORITY IDENTIFIED IN THIS APPLICATION AND THAT THE APPLICANT HAS BEEN OR WILL BE TRAINED IN THE PROVISIONS OF CHAPTER 13 OF TITLE 34, CODE OF ALABAMA 1975, AS IT RELATES TO PRENEED SALES AGENTS, PRENEED SALES, PRENEED CONTRACTS, PENALTIES FOR VIOLATIONS, AND THE NATURE OF MERCHANDISE, SERVICES, AND BURIAL RIGHTS SOLD BY THIS CERTIFICATE OF AUTHORITY. I ALSO HEREBY CERTIFY THAT I HAVE THE RIGHT TO GRANT SUCH PERMISSIONS ON BEHALF OF THE CERTIFICATE OF AUTHORITY.	
NAME OF AUTHORIZED REPRESENTATIVE OF THE CERTIFICATE OF AUTHORITY:	
SIGNATURE OF AUTHORIZED REPRESENTATIVE OF THE CERTIFICATE OF AUTHORITY:	
DATE SIGNED:	

**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 REQUEST. FAILURE TO RESPOND TIMELY 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\_\_.

<b>FOR ALEA OFFICIAL USE ONLY:</b> TCN: _____ SID: AL _____		Billed: _____ Paid: _____ No Charge: _____
Received By (Initials): _____/Date: ____/____/____	Processed By (initials): _____/Date: ____/____/____	Check#: _____
Walk-in/Hand Delivered _____ Mailed _____	Status: _____ Initials: _____ Date: ____/____/____	Background Check Qty: _____ Total: \$ _____
		Certified Letter Qty: _____ Total: \$ _____



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## ALABAMA BOARD OF FUNERAL SERVICES

*Check the document that is being submitted for each applicant, owner, partner, member, shareholder, and/or other principal controlling a 10% or greater interest in the entity, any other individual or officer as may be needed to legally bind the entity for which the Certificate of Authority license is being applied to prove United States citizenship or lawful presence in the United States.*

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

<b>I am a United States Citizen. I am submitting the attached copy of my document to prove citizenship/legal presence:</b>	
	Alabama Driver's License of Identification issued by the Alabama Department of Public Safety
	Driver's License from other state that required proof of lawful presence
	Birth Certificate indicating United States birth
	Valid United States Passport
	a valid Uniformed Services Privileges and Identification Card
	Naturalization documents
	Certificate of Citizenship
	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>	
	I-551 Permanent Resident Card (copy front and back)
	I-766 Employment Authorization Card (copy front and back)
	Other (Explain):

### IMMIGRATION

Act Number 2011-535 as amended by Act Number 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.

BY SIGNING BELOW, I CERTIFY UNDER PENALTY OF PERJURY THAT ALL REPRESENTATIONS MADE ON THIS FORM AND ATTACHMENTS ARE TRUE AND ACCURATE.

NAME:
SIGNATURE: