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334-353-7988

PRENEED CERTIFICATE OF AUTHORITY AND BRANCH REGISTRANT RENEWAL APPLICATION

Representatives of a Certificate of Authority seeking to renew the license(s) and Branch Registrant license(s) must complete this renewal application and submit it with the necessary required documents and the **annual renewal fee of \$99.00 for each Certificate of Authority license being renewed and \$198.00 for each Branch Registrant license being renewed. Incomplete applications will be returned to the sender WITHOUT being processed by the Board.** Renewal applications will be accepted beginning July 1st of each year. An application for renewal of Certificate of Authority license(s) and Branch Registrant license(s) must be received by the Board office on or before September 1st of each year to be renewed without penalty. Any renewal application received by the Board office September 2nd through October 1st are considered late and must include a \$100.00 late fee in addition to the original renewal fee. Renewal applications for Certificate of Authority license(s) and Branch Registrant license(s) that are not received by the Board office on or before October 1st of each year will be considered expired and must cease all preneed sales activity.

Included with this application is payment for the following:

COA: _____ licenses x \$99.00 = _____

Branch: _____ licenses x \$198.00 = _____

You are submitting information for the 2025 renewal of the Preneed Certificate of Authority license.

NAME OF CERTIFICATE OF AUTHORITY:	
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:
FUNERAL ESTABLISHMENT LICENSE NUMBER (if applicable):	CERTIFICATE OF AUTHORITY'S FISCAL YEAR END DATE:
CERTIFICATE OF AUTHORITY LICENSE NUMBER:	
TYPE OF BUSINESS ENTITY (check the appropriate box): <input type="checkbox"/> Funeral Establishment <input type="checkbox"/> Cemetery Authority <input type="checkbox"/> Combination Funeral and Cemetery <input type="checkbox"/> Third-Party Seller	
TYPE OF ORGANIZATION (check the appropriate box): <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp	

Office Use Only

Received:	Posted:	Posted by:	CA, CK, CCK, MO, CC
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Does the Certificate of Authority license have other locations operating under the **SAME** name as the Certificate of Authority license but without its own Certificate of Authority license or Branch Registrant license?

☐ Yes

☐ No

If yes, provide the address and telephone number of each additional location and indicate their type of entity (funeral establishment, cemetery authority, combination, or third-party seller). This page may be copied as many times as necessary. Indicate the page number in the spaces provided at the bottom of this page.

PHYSICAL ADDRESS OF ADDITIONAL LOCATION OF CERTIFICATE OF AUTHORITY LICENSE:

TYPE OF BUSINESS ENTITY (check the appropriate box):

☐ Funeral Establishment

☐ Cemetery Authority

☐ Combination Funeral and Cemetery

☐ Third-Party Seller

TELEPHONE NUMBER:

PHYSICAL ADDRESS OF ADDITIONAL LOCATION OF CERTIFICATE OF AUTHORITY LICENSE:

TYPE OF BUSINESS ENTITY (check the appropriate box):

☐ Funeral Establishment

☐ Cemetery Authority

☐ Combination Funeral and Cemetery

☐ Third-Party Seller

TELEPHONE NUMBER:

PHYSICAL ADDRESS OF ADDITIONAL LOCATION OF CERTIFICATE OF AUTHORITY LICENSE:

TYPE OF BUSINESS ENTITY (check the appropriate box):

☐ Funeral Establishment

☐ Cemetery Authority

☐ Combination Funeral and Cemetery

☐ Third-Party Seller

TELEPHONE NUMBER:

PHYSICAL ADDRESS OF ADDITIONAL LOCATION OF CERTIFICATE OF AUTHORITY LICENSE:

TYPE OF BUSINESS ENTITY (check the appropriate box):

☐ Funeral Establishment

☐ Cemetery Authority

☐ Combination Funeral and Cemetery

☐ Third-Party Seller

TELEPHONE NUMBER:

Does the Certificate of Authority license have other locations operating under a **DIFFERENT** name as the Certificate of Authority license that are registered as a branch under the Certificate of Authority license and have Branch Registrant license(s)?

☐ Yes

☐ No

If yes, provide the name, mailing address, physical address, e-mail address, telephone number, and Branch Registrant license number for each additional location and indicate their type of entity (funeral establishment, cemetery authority, combination, or third-party seller). This page may be copied as many times as necessary. Indicate the page number in the spaces provided at the bottom of this page.

NAME OF BRANCH LOCATION:

D/B/A NAME (if applicable):

MAILING ADDRESS:

PHYSICAL ADDRESS (if different from mailing address):

CERTIFICATE OF AUTHORITY'S E-MAIL ADDRESS:

BRANCH LOCATION'S TELEPHONE NUMBER:

TYPE OF BUSINESS ENTITY (check the appropriate box):

☐ Funeral Establishment

☐ Cemetery Authority

☐ Combination Funeral and Cemetery

☐ Third-Party Seller

BRANCH REGISTRANT LICENSE NUMBER:

NAME OF BRANCH LOCATION:

D/B/A NAME (if applicable):

MAILING ADDRESS:

PHYSICAL ADDRESS (if different from mailing address):

CERTIFICATE OF AUTHORITY'S E-MAIL ADDRESS:

BRANCH LOCATION'S TELEPHONE NUMBER:

TYPE OF BUSINESS ENTITY (check the appropriate box):

☐ Funeral Establishment

☐ Cemetery Authority

☐ Combination Funeral and Cemetery

☐ Third-Party Seller

BRANCH REGISTRANT LICENSE NUMBER:

Has there been a change in ownership of the entity holding the Certificate of Authority license?

☐ Yes

☐ No

You must contact the Board regarding changes in ownership. This may be as simple as one shareholder sold their shares or passed away and the stock has been divided between the heirs or other shareholders, etc.

Since filing last year's renewal application, has the name, address, telephone number, or e-mail address of the Certificate of Authority license(s) or Branch Registrant license(s) changed?

☐ Yes

☐ No

If any contact information has changed, including but not limited to, representatives, phone numbers, mailing or email addresses, you must notify the Board.

Has any representative of the Certificate of Authority license(s) and Branch Registrant license(s) been the subject of any bankruptcy proceeding or has a judgement filed against it since the date of the last application submitted to the Board?

☐ Yes

☐ No

If a representative has filed bankruptcy, they are required to notify the Board. They must file a statement of facts and details of that bankruptcy (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).

Has any representative of the Certificate of Authority license(s) and Branch Registrant license(s) been convicted or plead guilty to a felony or misdemeanor, other than a traffic violation **WITHIN THE PAST TWELVE (12) MONTHS**?

☐ Yes

☐ No

If yes, please explain and attach **OFFICIAL COURT DOCUMENTS**.

Include your complete financial statement with this application. Pursuant to Preneed Regulation 482-3-003-.10 (2) (a) and (b), a representative of a Certificate of Authority license must submit financial statements prepared according to GAAP or the form issued by the Board. The form issued by the Board must be completed in its entirety and it can be downloaded from our website. Proper notes must be included with all financial statements.

If the Certificate of Authority being renewed has received a financial statement waiver, include a copy of the waiver letter with this application.

What accounting method was used to prepare the financial data?

☐ GAAP

☐ Board issued form

☐ Waiver

Has the accounting method changed since your last financial statement?

☐ Yes

☐ No

I, as the representative authorized to sign on behalf of the Certificate of Authority license, certify that the information included in this application, and including the attached financial statement, is true and correct to the best of my knowledge and belief. I certify that I have complied with all of the requirements of Chapter 34-13, Code of Alabama 1975, and request renewal of the Preneed of Certificate of Authority license(s) and Branch Registrant license(s). I understand that any person who knowingly presents false or fraudulent information to the Alabama Board of Funeral Services or its representatives, willfully fails to timely make deposits to trust, knowingly withdraws unauthorized funds or assets from a trust company may be guilty of a felony under Alabama law and subject to restitution, fines, loss of any or all Certificate of Authority licenses or other applicable licenses, prison, or any combination thereof.

NAME OF AUTHORIZED REPRESENTATIVE:

SIGNATURE OF AUTHORIZED REPRESENTATIVE:

DATE SIGNED: