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## PRENEED SALES AGENT REGISTRATION RENEWAL APPLICATION

Preneed Sales Agents seeking to renew their license must complete this renewal application and submit with it the necessary required documents and the **annual renewal fee of \$33.00**. **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 the Preneed Sales Agent license 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 the Preneed Sales Agent license 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. The expired license may be reinstated by complying with the provisions relating to reactivation, in addition to payment of all back fees and penalties. I understand any false statement given herein or on the original application for licensure will subject my license to denial or revocation.

**You are submitting information for the 2025 renewal of the Preneed Sales Agent license.**

NAME OF PRENEED SALES AGENT:	
ADDRESS OF PRENEED SALES AGENT:	
PRENEED SALES AGENT LICENSE NUMBER:	E-MAIL ADDRESS OF PRENEED SALES AGENT:
DATE OF BIRTH OF PRENEED SALES AGENT:	TELEPHONE NUMBER OF PRENEED SALES AGENT:
SIGNATURE OF PRENEED SALES AGENT:	
Has the Preneed Sales Agent been convicted or plead guilty to a felony or misdemeanor, other than a traffic violation <b>WITHIN THE PAST TWELVE (12) MONTHS</b> ?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain and attach <b>OFFICIAL COURT DOCUMENTS</b> .	

NAME OF CERTIFICATE OF AUTHORITY UNDER WHICH PRENEED SALES AGENT IS REGISTERED:	
D/B/A NAME (if applicable) OF CERTIFICATE OF AUTHORITY:	
CERTIFICATE OF AUTHORITY'S E-MAIL ADDRESS:	CERTIFICATE OF AUTHORITY'S TELEPHONE NUMBER:
CERTIFICATE OF AUTHORITY LICENSE NUMBER:	
SIGNATURE OF AUTHORIZED REPRESENTATIVE OF CERTIFICATE OF AUTHORITY:	

Office Use Only			
Received:	Posted:	Posted by:	CA, CK, CCK, MO, CC