KAY IVEY
GOVERNOR

ALABAMA
BOARD OF FUNERAL SERVICES
4276 LOMAC STREET | MONTGOMERY, ALABAMA 36106
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PRENEED DIVISION: PRENEED@FSB.ALABAMA.GOV

CHARLES PERINE
DIRECTOR

APPLICATION FOR NEW PRENEED SALES AGENT LICENSE

Indicate completion of the items in the checklist by marking the box next to each item. If the applicant cannot mark all boxes acknowledging each item on the checklist, DO NOT SUBMIT THE APPLICATION.

THIS APPLICATION IS ACCOMPANIED BY THE FOLLOWING FEE(S)

APPLICATION TYPE	NUMBER OF APPLICATIONS SUBMITTED	TOTAL AMOUNT	
Preneed Sales Agent		X $50.00 (non-refundable) =	
Additional Preneed Sales Agent Registration(s)		X $50.00 (non-refundable) =	
Background Check		X $40.00 =	
		TOTAL	

REQUIRED QUALIFICATIONS	MET
Applicant must be at least 18 years of age	
Applicant must be of good moral character and be willing to submit to the Alabama Board of Funeral Services on a form sworn to by the applicant and/or each named person in the application, his or her name, date of birth, social security number, and two complete sets of fingerprints for completion of a criminal history background check	
Applicant must **NOT** have any felony or misdemeanor convictions that relate to any activity regulated by Chapter 13 of Title 34 of the Code of Alabama 1975, and applicant must **NOT** have committed crimes involving moral turpitude as defined by Chapter 13 of Title 34 of the Code of Alabama 1975	
Applicant must be in good standing with the Alabama Board of Funeral Services (all fees and fines are paid, and all administrative actions have been resolved to the Board's satisfaction)	

REQUIRED DOCUMENTS	SUBMITTED
This application completed in its entirety (each question, checkbox, or required attachment should be acknowledged regardless of applicability)	
Application to Review Alabama Criminal History Record Information Application completed in its entirety for each named person in the application (included)	
Proof of citizenship as selected in the Beason-Hammon Citizenship Application for each named person in the application (included)	
Two (2) complete sets of fingerprints on the FD-258 federal cards (white with blue lines and blue writing) for each named person in the application	
Written explanation of the reason a license (or its equivalent) to practice any profession or occupation has been suspended, revoked, or otherwise acted against for the applicant and/or each named person in the application (if applicable)	
Records providing written details and documentation of any pending governmental enforcement actions in any jurisdiction for the applicant and/or each named person in the application (if applicable)	

REQUIRED DOCUMENTS	SUBMITTED
Written explanation of the circumstances of any criminal charge, conviction, or withheld or deferred judgement, a copy of each charging document, a copy of each official document which demonstrates the resolution of any of the charges or any final judgment, and a written explanation of hoe any conviction or charge in question relates to the funeral or cemetery business for each named person in the application (if applicable)	
Written explanation of the circumstances of any conviction or guilty finding, regardless of adjudication, of any crime involving fraud, dishonest dealing, or any other act of moral turpitude for each named person in the application (if applicable)	
Written explanation of the reason the applicant and/or each named person in the application has written preneed contracts since May 1, 2002 (if applicable)	
Application for Additional Registrations of Preneed Sales Agent (if applicable)	

REQUIRED FEES	PAID
Non-Refundable application fee of $50.00 for each application submitted	
Background Check Fee of $40.00 (one fee per person, even if applying for multiple licenses at the same time)	

- **Questions regarding an application should be e-mailed to preneed@fsb.alabama.gov or submitted through our website: www.fsb.alabama.gov > About Us > Contact Us**
- **If any named person(s) in the application has been convicted of a felony or misdemeanor, the person must request CERTIFIED records to be mailed to the Board from the court in which the conviction occurred. Mail to 4276 Lomac Street, Montgomery, Alabama 36106**
- **All fees may be combined in one form of payment (cash, check, money order, cashier's check, or credit/debit card). Please make sure a description of each item being paid for accompanies the payment if all fees are combined in one form of payment.**
- **No applicant and/or person(s) listed in any application may engage in preneed sales activity until the Board has approved the application for licensure.**
- **No application will be considered until all items on the checklist are satisfied, unless otherwise approved by the Board.**

ATTENTION: IF ADDITIONAL INFORMATION IS REQUIRED BY THE BOARD, THE REQUESTED INFORMATION MUST BE PROVIDED NO LATER THAN THE DATE GIVEN IN THE REQUEST, FAILURE TO RESPOND TIMELY WILL RESULT IN A DENIAL OF YOUR APPLICATION.

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

LEGAL NAME OF PRENEED SALES AGENT APPLICANT:			
LIST ANY OTHER NAMES BY WHICH THE APPLICANT HAS BEEN KNOWN (Maiden name, alias, etc.):			
FULL MAILING ADDRESS (street number, street name, city, state, zip code):	APPLICANT'S SOCIAL SECURITY NUMBER:		
	APPLICANT'S DATE OF BIRTH:		
FULL PHYSICAL ADDRESS (if different from mailing address):	APPLICANT'S E-MAIL ADDRESS:		
	APPLICANT'S TELEPHONE NUMBER:		
1. HAS THE APPLICANT EVER HAD A LICENSE (OR ITS EQUIVALENT) TO PRACTICE ANY PROFESSION OR OCCUPATION DENIED, SUSPENDED, REVOKED, OR OTHERWISE ACTED AGAINST? **IF YES**, SUBMIT A SEPARATE PAGE WITH THIS APPLICATION EXPLAINING THE REASON FOR THE LICENSE (OR ITS EQUIVALENT) BEING DENIED, SUSPENDED, REVOKED, OR OTHERWISE ACTED AGAINST.		Yes	
		No	
2. IS THE APPLICANT THE SUBJECT OF ANY PENDING GOVERNMENTAL ENFORCEMENT ACTIONS IN ANY JURISDICTION? **IF YES**, SUBMIT THE RECORDS PROVIDING WRITTEN DETAILS AND DOCUMENTSTION OF THE ACTION(S) WITH THIS APPLICATION.		Yes	
		No	
3. HAS THE APPLICANT EVER BEEN CONVICTED OF, HAD JUDGEMENT WITHHELD OR DEFERRED, OR IS THE APPLICANT CURRENTLY CHARGED WITH COMMITTING A CRIME? "CRIME" INCLUDES MISDEMEANOR, FELONY, OR MILITARY OFFENSE. MISDEMEANOR TRAFFIC CHARGES AND JUVENILE ADJUDICATIONS MAY BE EXCLUDED. "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**, SUBMIT ALL OF THE FOLLOWING DOCUMENTS WITH THIS APPLICATION: 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 RESOLUTIN OF THE CHARGES OR ANY FINAL JUDGEMENT.		Yes	
		No	
4. **IF YES TO NUMBER 3**, DID THE CONVICTION OR CHARGE IN QUESTION RELATE, IN ANY WAY, TO THE FUNERAL OR CEMETERY BUSINESS? **IF YES**, SUBMIT A SEPARATE PAGE WITH THIS APPLICATION, EXPLAINING HOW THE CONVICTION OR CHARGE IN QUESTION RELATES TO THE FUNERAL OR CEMETERY BUSINESS.		Yes	
		No	
		N/A	
5. IS THE APPLICANT NOW, OR HAS THE APPLICANT EVER BEEN LICENSED AS AN INSURANCE AGENT OR INSURANCE BROKER IN THE STATE OF ALABAMA? **IF YES**, PLEASE INDICATE THE INSURANCE LICENSE NUMBER:		Yes	
		No	
		N/A	
6. IS THE APPLICANT CURRENTLY SEEKING REGISTRATION AS A PRENEED SALES AGENT FOR ANY CERTIFICATE OF AUTHORITY OTHER THAN AS INDICATED IN THIS APPLICATION? **IF YES**, ATTACH THE APPLICATION FOR ADDITIONAL REGISTRATIONS OF PRENEED SALES AGENT LICENSE 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 6, 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.
LEGAL 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 LICENSE UNDER WHICH THE PRENEED SALES AGENT WILL BE REGISTERED UPON APPROVAL OF THE APPLICATION BY THE BOARD. PLEASE READ ALL QUESTIONS AND INSTRUCTIONS CAREFULLY BEFORE SIGNING.

NAME OF CERTIFICATE OF AUTHORITY UNDER WHICH THE PRENEED SALES AGENT WILL BE REGISTERED:							
D/B/A NAME (if applicable):							
TYPE OF BUSINESS ENTITY (check one):							
	Funeral Establishment		Cemetery Authority		Combination Funeral and Cemetery		Third-Party Seller
FULL MAILING ADDRESS OF CERTIFICATE OF AUTHORITY (street number, street name, city, state, zip code):			CERTIFICATE OF AUTHORITY LICENSE NUMBER: CERTIFICATE OF AUTHORITY'S E-MAIL ADDRESS:				
WILL THE PRENEED SALES AGENT BE WRITING PRENEED CONTRACTS FOR A BRANCH REGISTRANT OF THE CERTIFICATE OF AUTHORITY? **IF YES**, ENTHER THE BRANCH REGISTRANT LICENSE NUMBER:							Yes No
BY SIGNING BELOW, I, AS THE AUTHORIZED REPRESENTATIVE OF THE CERTIFICATE OF AUTHORITY LICENSE, 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 LICENSE.							
NAME OF AUTHORIZED REPRESENTATIVE OF CERTIFICATE OF AUTHORTIY LICENSE:							
SIGNATURE OF AUTHORIZED REPRESENTATIVE OF CERTIFICATE OF AUTHORTIY LICENSE:							
DATE SIGNED:							