



**KAY IVEY**  
GOVERNOR

# ALABAMA BOARD OF FUNERAL SERVICES

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PRENEED DIVISION: PRENEED@FSB.ALABAMA.GOV



**CHARLES PERINE**  
DIRECTOR

## APPLICATION TO REACTIVATE PRENEED 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	NUMBER OF YEARS LICENSE HAS NOT BEEN RENEWED	TOTAL AMOUNT
Certificate of Authority	X \$99.00 (non-refundable) +		X \$100.00 =
Branch Registrant	X \$198.00 (non-refundable) +		X \$100.00 =
Preneed Sales Agent (if Preneed Sales Agent license has been inactive for more than one (1) year, send Application for New Preneed Sales Agent License, not this Application to Reactivate Preneed Sales Agent License)	X \$33.00 (non-refundable) +	1	X \$100.00 =
Background Check	X \$38.25 =		
			<b>TOTAL</b>

LICENSE TYPE	REQUIRED QUALIFICATIONS	MET
Preneed Sales Agent	Applicant must be at least 18 years of age	
Certificate of Authority	Preneed license that which is being applied for reactivation must have outstanding preneed contracts and have a license status of Inactive	
Branch Registrant		
Certificate of Authority	Each named person in the application must be at least of the legal age of majority in the state of Alabama	
Branch Registrant		
Certificate of Authority	Applicant and/or each named person in the application must be of good moral character and 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 (2) complete sets of fingerprints for completion of a criminal history background check	
Branch Registrant		
Preneed Sales Agent		

LICENSE TYPE	REQUIRED QUALIFICATIONS	MET
Certificate of Authority	Applicant and/or each named person in the application must <b>NOT</b> 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 and/or each named person in the application must <b>NOT</b> have committed crimes involving moral turpitude as defined by Chapter 13 of Title 34 of the Code of Alabama 1975	
Branch Registrant		
Preneed Sales Agent		
Certificate of Authority	Applicant and/or each named person in the application 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)	
Branch Registrant		
Preneed Sales Agent		
Certificate of Authority	Applicant must have at least one (1) licensed funeral director and be a licensed funeral establishment in the state of Alabama, or must be a cemetery authority	
Branch Registrant		
Certificate of Authority	Applicant must have at least one (1) Preneed Sales Agent license registered to sell preneed contracts on behalf of the preneed license	
Branch Registrant	The Certificate of Authority license under which the Branch Registrant license will be registered must have at least one (1) Preneed Sales Agent license registered to sell preneed contracts on behalf of the preneed license	
Certificate of Authority	Applicant must have a minimum of \$10,000.00 in equity if preneed liability is \$100,000.00 or less; or must have 10% of the total preneed liability in equity if preneed liability is \$100,000.01 or greater	

LICENSE TYPE	REQUIRED DOCUMENTS	SUBMITTED
Certificate of Authority	This application completed in its entirety (each question, checkbox, or required attachment should be acknowledged regardless of applicability)	
Branch Registrant		
Preneed Sales Agent		
Certificate of Authority	Application to Review Alabama Criminal History Record Information Application completed in its entirety for each named person in the application (included)	
Branch Registrant		
Preneed Sales Agent		
Certificate of Authority	Proof of citizenship as selected in the Beason-Hammon Citizenship Application for each named person in the application (included)	
Branch Registrant		
Preneed Sales Agent		
Certificate of Authority	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	
Branch Registrant		
Preneed Sales Agent		
Certificate of Authority	Business entity's most recent full and complete financial statement with accompanying notes to the financial statement	
Certificate of Authority	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)	
Branch Registrant		
Preneed Sales Agent		
Certificate of Authority	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)	
Branch Registrant		
Preneed Sales Agent		

LICENSE TYPE	REQUIRED DOCUMENTS	SUBMITTED
Certificate of Authority	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)	
Branch Registrant		
Preneed Sales Agent		
Certificate of Authority	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)	
Branch Registrant		
Preneed Sales Agent		
Certificate of Authority	Written explanation of the reason the applying business entity previously held a preneed license and why it no longer holds the preneed license (if applicable)	
Branch Registrant		
Certificate of Authority	Bankruptcy statements of the facts (including date(s)), together with the case style, number, name, and location of the court(s) in which the proceeding(s) was held or are pending for the applicant and/or each named person in the application (if applicable)	
Branch Registrant		
Certificate of Authority	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)	
Branch Registrant		
Preneed Sales Agent		
Certificate of Authority	A complete list of each applicant, owner, partner, member, shareholder, and/or other principal controlling a 10% or greater interest in the applying business entity, and any other individual or officer as may be needed to legally bind the applying business entity (included)	
Branch Registrant		
Certificate of Authority	A complete list of each location operating under the <b><u>SAME</u></b> name as the name of the applicant (included)	
Certificate of Authority	A list of funding companies the applicant will use to fund preneed contracts	
Branch Registrant		
Preneed Sales Agent	Application for Additional Registrations of Preneed Sales Agent (if applicable)	
Certificate of Authority	Application to Transfer Ownership of Preneed License (if applicable)	
Branch Registrant		
Certificate of Authority	Copies of all merchandise and services trust agreements and/or participation agreements the applicant will enter into (if applicable)	
Branch Registrant		
Certificate of Authority	Copies of all preneed contract forms that the applicant will use to write preneed contracts for each funding vehicle (if contract forms previously approved by the Board, submit the approved contract form)	
Branch Registrant		
Certificate of Authority	A copy of the Preneed Contract Sales Log the applicant will use to log preneed sales	
Branch Registrant		
Certificate of Authority	Certificate of Formation from the Alabama Secretary of State for the applicant	
Branch Registrant		

LICENSE TYPE	REQUIRED FEES	PAID
Certificate of Authority	Non-Refundable application fee for each application submitted	
Branch Registrant		
Preneed Sales Agent		
Certificate of Authority	Background Check Fee of \$38.25 (one fee per person, even if applying for multiple licenses at the same time)	
Branch Registrant		
Preneed Sales Agent		
Preneed Sales Agent	Reactivation Fee of \$100.00 for each preneed license being reactivated	
Certificate of Authority	Reactivation Fee for each preneed license being reactivated (\$100.00 per year that the license has not been renewed)	
Branch Registrant		

- Questions regarding an application should be e-mailed to [preneed@fsb.alabama.gov](mailto:preneed@fsb.alabama.gov) or submitted through our website: [www.fsb.alabama.gov](http://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 for 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.**

LICENSE BEING REACTIVATED:		<b><u>IF APPLICANT IS REACTIVATING A BRANCH REGISTRANT LICENSE</u></b> , ENTER THE INFORMATION FOR THE CERTIFICATE OF AUTHORITY UNDER WHICH THE BRANCH REGISTRANT LICENSE WILL BE REGISTERED BELOW:
<input type="checkbox"/>	CERTIFICATE OF AUTHORITY (\$99.00)	
<input type="checkbox"/>	BRANCH REGISTRANT (\$198.00)	
NAME OF CERTIFICATE OF AUTHORITY LICENSE UNDER WHICH THE BRANCH REGISTRANT LICENSE WILL BE REGISTERED:		CERTIFICATE OF AUTHORITY LICENSE NUMBER:

NAME OF PRENEED LICENSE BEING REACTIVATED:			
D/B/A NAME (if applicable):			
TYPE OF BUSINESS ENTITY (check one):			
<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 one):			
<input type="checkbox"/>	Sole Proprietorship	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	LLC	<input type="checkbox"/>	LLP
<input type="checkbox"/>	C Corporation	<input type="checkbox"/>	S Corporation
FULL MAILING ADDRESS (street number, street name, city, state, zip code):		BUSINESS ENTITY'S E-MAIL ADDRESS:	
		BUSINESS ENTITY'S TELEPHONE NUMBER:	
FULL PHYSICAL ADDRESS (if different from mailing address):		BUSINESS ENTITY'S FEDERAL EMPLOYER IDENTIFICATION NUMBER:	
		PRENEED LICENSE NUMBER:	
COUNTY IN WHICH BUSINESS ENTITY IS SITUATED:		BUSINESS ENTITY'S FISCAL YEAR END DATE:	
FUNERAL ESTABLISHMENT LICENSE NUMBER (if applicable):		ENDOWMENT CARE CEMETERY REGISTRATION NUMBER (if applicable):	
TYPE OF CONTRACTS THAT WERE PREVIOUSLY USED TO WRITE PRENEED CONTRACTS (Submit a copy of each contract form that was previously approved by the Board to write preneed contracts) (check all that apply):			
<input type="checkbox"/>	Funeral Merchandise and Services	<input type="checkbox"/>	Cemetery Merchandise and Services
<input type="checkbox"/>	Combination Funeral and Cemetery	<input type="checkbox"/>	
TYPE OF CONTRACT(S) THAT WILL BE USED TO WRITE PRENEED CONTRACTS (Submit a copy of each contract form to be used. If contract form has been previously approved, submit the approved contract form.) (check all that apply):			
<input type="checkbox"/>	Funeral Merchandise and Services	<input type="checkbox"/>	Cemetery Merchandise and Services
<input type="checkbox"/>	Combination Funeral and Cemetery	<input type="checkbox"/>	
TYPE OF FUNDING THAT WAS PREVIOUSLY USED TO FUND PRENEED CONTRACTS (Submit a copy of each trust agreement, surety bond, and/or letter of credit that was used to fund preneed contracts as well as a list of all insurance companies that were used to fund preneed contracts, if not already on file with the Board) (check all that apply):			
<input type="checkbox"/>	Insurance/Annuity	<input type="checkbox"/>	Trust
<input type="checkbox"/>	Surety Bond	<input type="checkbox"/>	Letter of Credit
TYPE OF FUNDING THAT WILL BE USED TO FUND PRENEED CONTRACTS (Submit a copy of each trust agreement, surety bond, and/or letter of credit to be used to fund preneed contracts as well as a list of all insurance companies that will be used to fund preneed contracts, if different from previous funding methods) (check all that apply):			
<input type="checkbox"/>	Insurance/Annuity	<input type="checkbox"/>	Trust
<input type="checkbox"/>	Surety Bond	<input type="checkbox"/>	Letter of Credit
SUBMIT A COPY OF THE MOST CURRENT AND UP-TO-DATE PRENEED CONTRACT SALES LOG FOR THE BUSINESS ENTITY WITH THIS APPLICATION.			

**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.**

**LIST OF PRINCIPALS  
GENERAL INSTRUCTIONS**

- LIST EACH APPLICANT, OWNER, PARTNER, MEMBER, SHAREHOLDER, AND/OR OTHER PRINCIPAL CONTROLLING A 10% OR GREATER INTEREST IN THE ENTITY, AND ANY OTHER INDIVIDUAL OR OFFICER AS MAY BE NEEDED TO LEGALLY BIND THE BUSINESS ENTITY FOR WHICH THE PRENEED LICENSE IS BEING APPLIED. INCLUDE THE TITLE OF EACH INDIVIDUAL AS WELL AS THE PERCENTAGE OF OWNERSHIP OF THE COMPANY.
- **IF THERE HAS BEEN A CHANGE OF OWNERSHIP SINCE THE PRENEED LICENSE HAS BEEN ACTIVE, AN APPLICATION TO TRANSFER PRENEED LICENSE MUST BE SUBMITTED AND APPROVED PRIOR TO THE LICENSE BEING REACTIVATED.**

NAME:													
TITLE (check one):													
<input type="checkbox"/>	Owner	<input type="checkbox"/>	Partner	<input type="checkbox"/>	Member (LLC)	<input type="checkbox"/>	Director	<input type="checkbox"/>	Officer	<input type="checkbox"/>	Shareholder	<input type="checkbox"/>	Other:
PERCENTAGE OF OWNERSHIP:													

NAME:													
TITLE (check one):													
<input type="checkbox"/>	Owner	<input type="checkbox"/>	Partner	<input type="checkbox"/>	Member (LLC)	<input type="checkbox"/>	Director	<input type="checkbox"/>	Officer	<input type="checkbox"/>	Shareholder	<input type="checkbox"/>	Other:
PERCENTAGE OF OWNERSHIP:													

NAME:													
TITLE (check one):													
<input type="checkbox"/>	Owner	<input type="checkbox"/>	Partner	<input type="checkbox"/>	Member (LLC)	<input type="checkbox"/>	Director	<input type="checkbox"/>	Officer	<input type="checkbox"/>	Shareholder	<input type="checkbox"/>	Other:
PERCENTAGE OF OWNERSHIP:													

NAME:													
TITLE (check one):													
<input type="checkbox"/>	Owner	<input type="checkbox"/>	Partner	<input type="checkbox"/>	Member (LLC)	<input type="checkbox"/>	Director	<input type="checkbox"/>	Officer	<input type="checkbox"/>	Shareholder	<input type="checkbox"/>	Other:
PERCENTAGE OF OWNERSHIP:													

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IS THE BUSINESS ENTITY OPERATING AT MORE THAN ONE LOCATION UNDER A COMMON BUSINESS ENTERPRISE <b>WITH THE SAME NAME</b> ? <b>IF YES</b> , LIST THE FULL PHYSICAL ADDRESS, E-MAIL ADDRESS, TELEPHONE NUMBER, TYPE OF BUSINESS ENTITY, AND TYPE OF PRENEED CONTRACTS TO BE WRITTEN AT EACH LOCATION BELOW.	Yes
	No

FULL PHYSICAL ADDRESS OF ADDITIONAL LOCATION OF BUSINESS ENTITY (street number, street name, city, state, zip code):	BUSINESS ENTITY'S E-MAIL ADDRESS:
	BUSINESS ENTITY'S TELEPHONE NUMBER:

TYPE OF BUSINESS ENTITY (check one):			
<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 CONTRACT(S) THAT WILL BE USED TO WRITE PRENEED CONTRACTS (Submit a copy of each contract form to be used. If contract form has been previously approved, submit the approved contract form.) (check one):			
<input type="checkbox"/> Funeral merchandise and Services	<input type="checkbox"/> Cemetery Merchandise and Services	<input type="checkbox"/> Combination Funeral and Cemetery	
WHERE WILL PRENEED FILES BE KEPT (check one)?			
<input type="checkbox"/> On-Site	<input type="checkbox"/> Other Location:		

FULL PHYSICAL ADDRESS OF ADDITIONAL LOCATION OF BUSINESS ENTITY (street number, street name, city, state, zip code):	BUSINESS ENTITY'S E-MAIL ADDRESS:
	BUSINESS ENTITY'S TELEPHONE NUMBER:

TYPE OF BUSINESS ENTITY (check one):			
<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 CONTRACT(S) THAT WILL BE USED TO WRITE PRENEED CONTRACTS (Submit a copy of each contract form to be used. If contract form has been previously approved, submit the approved contract form.) (check one):			
<input type="checkbox"/> Funeral merchandise and Services	<input type="checkbox"/> Cemetery Merchandise and Services	<input type="checkbox"/> Combination Funeral and Cemetery	
WHERE WILL PRENEED FILES BE KEPT (check one)?			
<input type="checkbox"/> On-Site	<input type="checkbox"/> Other Location:		

FULL PHYSICAL ADDRESS OF ADDITIONAL LOCATION OF BUSINESS ENTITY (street number, street name, city, state, zip code):	BUSINESS ENTITY'S E-MAIL ADDRESS:
	BUSINESS ENTITY'S TELEPHONE NUMBER:

TYPE OF BUSINESS ENTITY (check one):			
<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 CONTRACT(S) THAT WILL BE USED TO WRITE PRENEED CONTRACTS (Submit a copy of each contract form to be used. If contract form has been previously approved, submit the approved contract form.) (check one):			
<input type="checkbox"/> Funeral merchandise and Services	<input type="checkbox"/> Cemetery Merchandise and Services	<input type="checkbox"/> Combination Funeral and Cemetery	
WHERE WILL PRENEED FILES BE KEPT (check one)?			
<input type="checkbox"/> On-Site	<input type="checkbox"/> Other Location:		

Page \_\_\_\_\_ of \_\_\_\_\_

IS THE BUSINESS ENTITY OPERATING AT ANY OTHER LOCATION UNDER A COMMON BUSINESS ENTERPRISE <b>WITH A DIFFERENT NAME</b> ? <b>IF YES</b> , SUBMIT APPLICATION(S) FOR NEW PRENEED LICENSE FOR EACH ADDITIONAL LOCATION THAT WILL BE CONDUCTING PRENEED BUSINESS USING A DIFFERENT NAME THAT THE NAME OF THE BUSINESS ENTITY APPLYING FOR PRENEED LICENSE.	Yes
	No

IS THIS APPLICATION PART OF A TRANSFER OF OWNERSHIP APPLICATION? <b>IF YES</b> , SUBMIT THE TRANSFER OF OWNERSHIP OF PRENEED LICENSE APPLICATION(S) WITH THIS APPLICATION.	Yes
	No

DOES THE BUSINESS ENTITY APPLYING FOR A PRENEED LICENSE HAVE AT LEAST ONE (1) PRENEED SALES AGENT LICENSE REGISTERED? <b>IF NO</b> , SUBMIT AN APPLICATION FOR NEW PRENEED SALES AGENT LICENSE FOR EACH PERSON TO BE REGISTERED AS A PRENEED SALES AGENT UNDER THE PRENEED LICENSE.	Yes
	No

<b>IF YES</b> , PROVIDE THE NAME OF THE PRENEED SALES AGENT AS WELL AS THE PRENEED SALES AGENT LICENSE NUMBER BELOW:	
NAME OF PRENEED SALES AGENT AS IT APPEARS ON THE PRENEED SALES AGENT LICENSE:	PRENEED SALES AGENT LICENSE NUMBER:

IS THE PRENEED SALES AGENT LICENSE LISTED ABOVE REGISTERED UNDER ANY OTHER CERTIFICATE OF AUTHORITY LICENSE? <b>IF YES</b> , SUBMIT THE ADDITIONAL PRENEED SALES AGENT LICENSE REGISTRATION APPLICATION WITH THIS APPLICATION.	Yes
	No

HAS THE BUSINESS ENTITY APPLYING FOR A PRENEED LICENSE EVER HELD A CERTIFICATE OF AUTHORITY OR BRANCH REGISTRANT LICENSE? <b>IF YES</b> , SUBMIT A SEPARATE PAGE WITH THIS APPLICATION THAT EXPLAINS THE REASON FOR THE BUSINESS ENTITY PREVIOUSLY HOLDING A CERTIFICATE OF AUTHORITY OR BRANCH REGISTRANT LICENSE AND WHY THE BUSINESS ENTITY NO LONGER HOLDS THE LICENSE.	Yes
	No

HAS OR IS THE APPLICANT OR ANY NAMED PERSON IN THIS APPLICATION BEEN SUBJECT OF ANY OF THE FOLLOWING:	
1. PENDING CRIMINAL PROSECUTION OR GOVERNMENTAL ENFORCEMENT ACTION IN ANY JURISDICTION?	Yes
	No
2. CONVICTION OR GUILTY FINDING, REGARDLESS OF ADJUDICATION, OF ANY CRIME INVOLVING FRAUD, DISHONEST DEALING, OR ANY OTHER ACT OF MORAL TURPITUDE AS DEFINED BY SECTION 34-13-1 OF THE CODE OF ALABAMA 1975?	Yes
	No
3. THE DENIAL, REVOCATION, SUSPENSION, OR OTHER ACTION AGAINST A LICENSE, OR ITS EQUIVALENT, TO PRACTICE ANY PROFESSION OR OCCUPATION?	Yes
	No
4. ANY BANKRUPTCY PROCEEDINGS OR ANY JUDGEMENT FILES=D AGAINST THEM, EITHER PRESENT, PAST, OR PENDING?	Yes
	No
<b>IF YES TO QUESTION 4</b> , DID THE BANKRUPTCY PROCEEDING OR JUDGEMENT INVOLVE AN INSURANCE COMPANY OR POLICY HOLDER/CONSUMER RELATED TO THE BUSINESS OF INSURANCE OR PRENEED?	Yes
	No
	N/A

HAS ANY NAMED PERSON(S) IN THIS APPLICATION WRITTEN ANY PRENEED CONTRACTS SUBJECT TO TITLE 34, CHAPTER 13 OF THE CODE OF ALABAMA 1975 SINCE MAY 1, 2002? <b>IF YES</b> , SUBMIT A SEPARATE PAGE WITH THIS APPLICATION THAT EXPLAINS THE REASON FOR ANY OF THE NAMED PERSON(S) IN THIS APPLICATION WRITING PRENEED CONTRACTS SINCE MAY 1, 2002.	Yes
	No

**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.**

IF THE APPLICATION TO REACTIVATE A PRENEED LICENSE IS APPROVED, EACH OF THE APPLICANTS AND ALL NAMED PERSONS IN THIS APPLICATION MUST AGREE TO COMPLY WITH THE REQUIREMENTS OF TITLE 34, CHAPTER 13, OF THE CODE OF ALABAMA 1975, AND ANY RULES, REGULATIONS, AND BULLETINS PROMULGATED BY THE BOARD DEALING WITH CHAPTER 13 BY SIGNING BELOW. THE APPLICANT(S) AND EACH OF THE NAMED PERSONS IN THIS APPLICATION ALSO CERTIFIES THAT THE INFORMATION SUBMITTED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF. THEY FURTHER UNDERSTAND THAT ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO THE BOARD OR ITS REPRESENTATIVE(S), WHO WILLFULLY FAILS TO TIMELY MAKE TRUST DEPOSITS TO TRUSTS, OR WHO KNOWINGLY WITHDRAWS UNAUTHORIZED FUNDS OR ASSETS FROM A TRUST MAY BE GUILTY OF A FELONY UNDER ALABAMA LAW AND SUBJECT TO RESTITUTION, FINES, LOSS OF ANY OR ALL CERTIFICATES OF AUTHORITY OR OTHER APPLICABLE LICENSES, PRISON, OR ANY COMBINATION THEREOF. LASTLY, BY AFFIXING THEIR SIGNATURES TO THIS FORM, THE APPLICANT(S) AND OTHER NAMED PERSONS IN THIS APPLICATION HEREBY AGREE THAT THE ALABAMA BOARD OF FUNERAL SERVICES MAY MAKE FULL INQUIRIES OF EACH OF THE NAMED PERSONS IN THIS APPLICATION, ALL FORMER EMPLOYERS, AND ALL OTHER PERSONS CONCERNING THEIR BUSINESS, PROFESSIONAL, OR MORAL CHARACTER AND REPUTATION, INCLUDING THE PROCUREMENT OF LETTERS, STATEMENTS OR AFFADAVITS CONCERNING THE SAME THAT MAY BE DEEMED PERTINENT TO A DETERMINATION OF THEIR QUALIFICATIONS FOR APPLICATION TO OBTAIN A BRANCH REGISTRANT LICENSE TO SELL PRENEED FUNERAL AND/OR CEMETERY MERCHANDISE AND SERVICES FOR THAT THE BUSINESS ENTITY THEY ARE APPLYING, AND DO SPECIFICALLY WAIVE ALL CLAIMS, DAMAGES, RIGHTS OF ACTION OR CAUSES OF ACTION THAT MIGHT OTHERWISE ACCRUE TO THEM AGAINST ANY OF SAID PERSONS, RESULTING OR ARISING FROM, OR BY REASON OF, ANY AND ALL STATEMENTS OF FACT OR OPINION GIVEN IN GOOD FAITH CONCERNING THEM EXPRESSED BY ANY OF THEM IN REPLY TO ANY INQUIRY MADE BY, OR UNDER THE DIRECTION OF, THE ALABAMA BOARD OF FUNERAL SERVICES, WHETHER THE SAME BE RESPONSIVE TO, OR NECESSARILY REQUIRED BY, SUCH INQUIRY OR NOT, AND THAT ALL SUCH STATEMENTS SHALL BE DEEMED PRIVILEGED AND NOT ACTIONABLE BY THEM UNLESS SUCH STATEMENTS ARE, IN FACT, WILLFULLY MADE AND FALSELY GIVEN WITH MALICE TOWARD THEM. THEY UNDERSTAND THAT THIS INQUIRY MAY INCLUDE A CRIMINAL BACKGROUND CHECK THROUGH THE ALABAMA DEPARTMENT OF PUBLIC SAFETY OR ANY OTHER APPROPRIATE STATE AGENCY AND THE NATIONAL CRIMINAL INFORMATION CENTER (NCIC).

SIGNATURE:	DATE:
SIGNATURE:	DATE:
SIGNATURE:	DATE:
SIGNATURE:	DATE:
SIGNATURE:	DATE:
SIGNATURE:	DATE:



**KAY IVEY**  
GOVERNOR

# ALABAMA BOARD OF FUNERAL SERVICES

4276 LOMAC STREET | MONTGOMERY, ALABAMA 36106  
P.O. BOX 309522 | MONTGOMERY, ALABAMA 36130  
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**CHARLES PERINE**  
DIRECTOR

## ALABAMA BOARD OF FUNERAL SERVICES

*Check the documents that is being submitted for each applicant, owner, partner, member, shareholder, other principal controlling a 10% or greater interest in the business entity, and/or any other individual or officer as may be needed to legally bind the business entity 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.**

I AM A UNITED STATES CITIZEN. I AM SUBMITTING THE ATTACHED COPY OF MY DOCUMENT TO PROVE CITIZENSHIP/LEGAL PRESENCE:	
<input type="checkbox"/>	Alabama Driver's License or Identification issued by the Alabama Department of Public Safety
<input type="checkbox"/>	Driver's License from another state that requires proof of lawful presence
<input type="checkbox"/>	Birth Certificate indicating United States birth
<input type="checkbox"/>	Valid United States Passport
<input type="checkbox"/>	Valid Uniformed Services Privileges and Identification Card
<input type="checkbox"/>	Naturalization Documents
<input type="checkbox"/>	Certificate of Citizenship
<input type="checkbox"/>	Bureau of Indian Affairs Identification
I AM <u>NOT</u> A UNITED STATES CITIZEN. THE COPY OF THE DOCUMENT(S) TO PROVE LEGA PRESENCE I AM SUBMITTING (AND ATTACHED TO THIS CHECKLIST) IS AS FOLLOWS:	
<input type="checkbox"/>	I-551 Permanent Resident Card
<input type="checkbox"/>	I-766 Employment Authorization Card (copy front and back)
<input type="checkbox"/>	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 PROFESSIONAL LICENSES 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.

NAME:
SIGNATURE:

Page \_\_\_\_\_ of \_\_\_\_\_

**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.***

**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 SERVICES, 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: \$ _____

## NOTICE OF PRIVACY DISCLOSURE STATEMENT

### DISCLOSURE STATEMENT:

The following disclosure statement is to inform you of your rights as an applicant who is the subject of a criminal history record check for noncriminal justice purposes (licensure, certification, renewal, immigration, naturalization, security clearance, or adoption, etc.) pursuant to the Privacy Act of 1974, Title 5, U.S.C., Section 552a, and Title 28, CFR, Section 50.12.

\_\_\_\_\_, hereby authorize the ALABAMA BOARD OF FUNERAL SERVICES  
Print Name Authorized Recipient

to request and be the recipient of my criminal history information, to determine my suitability for licensure.

The fingerprints will be utilized to conduct a national and state criminal background check. The Authorized Recipient (AR) will obtain any and all criminal history information from the FBI and/or Alabama Law Enforcement Agency (ALEA).

If you have an incomplete and/or inaccurate criminal history record, employment will not be denied until the applicant has been afforded a "reasonable time" to correct or complete the record or has declined to do so.

The AR will use the criminal history record solely for the purpose requested and cannot disseminate the record outside the receiving department, related agency, or other authorized entity.

If agency policy permits, the AR may provide a copy of your federal/state criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, as set forth in Title 28 CFR, Section 16.34, applicant may challenge or appeal any portion of his/her own criminal history record information (CHRI) that he/she believes to be incomplete or inaccurate by contacting the Criminal Records & Identification Unit within ALEA at 334-517-2450.

### PRIVACY ACT STATEMENT:

This privacy act statement is located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

**Our Notice of Privacy Disclosure Statement provides information about how we may use and disclose federal/state criminal history record information about you. By signing this receipt, you acknowledge that you have reviewed, or have been given the opportunity to review, our Notice of Privacy Disclosure Statement.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date