



**KAY IVEY**  
GOVERNOR

# ALABAMA BOARD OF FUNERAL SERVICES

4276 LOMAC STREET | MONTGOMERY, ALABAMA 36106  
P.O. Box 309522 | MONTGOMERY, ALABAMA 36130  
PHONE 334.242.4049 | WWW.FSB.ALABAMA.GOV  
EMAILS

FUNERAL DIVISION: INFO@FSB.ALABAMA.GOV  
PRENEED DIVISION: PRENEED@FSB.ALABAMA.GOV



**CHARLES PERINE**  
DIRECTOR

## APPLICATION TO REACTIVATE 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	NUMBER OF YEARS LICENSE HAS NOT BEEN RENEWED	TOTAL AMOUNT
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) +	X \$100.00 =	
Additional Preneed Sales Agent Registration(s)	X \$33.00 (non-refundable) +	X \$100.00 =	
Background Check	X \$38.25 =		
		<b>TOTAL</b>	

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 <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 must <b>NOT</b> 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	

REQUIRED DOCUMENTS	SUBMITTED
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)	
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 Preened Sales Agent (if applicable)	

REQUIRED FEES	PAID
Non-Refundable application fee OF \$33.00 for each application submitted	
Background Check Fee of \$38.25 (one fee per person, even if applying for multiple licenses at the same time)	
Reactivation Fee of \$100.00 for each license registration being reactivated	

- **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.**

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

NAME AS IT APPEARS ON PRENEED SALES AGENT LICENSE:	
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? <b>IF YES</b> , 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? <b>IF YES</b> , SUBMIT THE RECORDS PROVIDING WRITTEN DETAILS AND DOCUMENTATION 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. <b>IF YES</b> , SUBMIT ALL OF THE FOLLOWING DOCUMENTS WITH THIS APPLICATION:	Yes
	No
<ul style="list-style-type: none"> <li>a. A WRITTEN STATEMENT EXPLAINING THE CIRCUMSTANCES OF EACH INCIDENT,</li> <li>b. A COPY OF THE CHARGING DOCUMENT, AND</li> <li>c. A COPY OF THE OFFICIAL DOCUMENT WHICH DEMONSTRATES THE RESOLUTION OF THE CHARGES OR ANY FINAL JUDGEMENT.</li> </ul>	
4. <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> , 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? <b>IF YES</b> , 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? <b>IF YES</b> , 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):

<input type="checkbox"/> Funeral Establishment	<input type="checkbox"/> Cemetery Authority	<input type="checkbox"/> Combination Funeral and Cemetery	<input type="checkbox"/> Third-Party Seller
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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? <b><u>IF YES</u></b> , 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 AUTHORITY LICENSE:

SIGNATURE OF AUTHORIZED REPRESENTATIVE OF CERTIFICATE OF AUTHORITY LICENSE:

DATE SIGNED:



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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.

FOR ALEA OFFICIAL USE ONLY: TCN: SID: AL Billed: Paid: No Charge: Check#: 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