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

CHARLES PERINE
DIRECTOR

APPLICATION FOR ADDITIONAL REGISTRATION(S) OF 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	
Additional Preneed Sales Agent Registration(s)		X $50.00 (non-refundable) =	
		TOTAL	

REQUIRED QUALIFICATIONS	MET
Applicant must have a valid Preneed Sales Agent license	
Applicant must be registered under at least one (1) Certificate of Authority license	
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)	
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)	

REQUIRED FEES	PAID
Non-Refundable application fee for each application submitted	

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.

- **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**
- **No application will be considered until all items on the checklist are satisfied, unless otherwise approved by the Board.**

FULL NAME OF PRENEED SALES AGENT AS IT APPEARS ON PRENEED SALES AGENT LICENSE:	
FULL MAILING ADDRESS (street number, street name, city, state, zip code):	AGENT'S E-MAIL ADDRESS: AGENT'S TELEPHONE NUMBER:
FULL PHYSICAL ADDRESS (if different from mailing address):	PRENEED SALES AGENT LICENSE NUMBER: INSURANCE LICENSE NUMBER (if applicable):

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

By signing below, I certify that I am currently licensed as a Preneed Sales Agent in Alabama. I understand that any false statement given herein will subject my Alabama license as a preneed sales agent to disciplinary action.
FULL NAME OF PRENEED SALES AGENT AS IT APPEARS ON PRENEED SALES AGENT LICENSE:
SIGNATURE OF PRENEED SALES AGENT AS IT APPEARS ON PRENEED SALES AGENT LICENSE:
DATE SIGNED:

THIS PAGE CAN BE COPIED AS MANY TIMES AS NECESSARY. PLEASE INDICATE AT THE BOTTOM OF THE PAGE THE PAGE NUMBER AND THE TOTAL NUMBER OF PAGES.

THIS PAGE IS SUBMITTED IN ACCORDANCE WITH TITLE 34, CHAPTER 13 OF THE CODE OF ALABAMA 1975, AND ADMINISTRATIVE CODE 395

NAME OF CERTIFICATE OF AUTHORITY UNDER WHICH THE PRENEED SALES AGENT IS **CURRENTLY REGISTERED**:
D/B/A NAME (if applicable):
TYPE OF BUSINESS ENTITY (check one):
☐ Funeral Establishment ☐ Cemetery Authority ☐ Combination Funeral and Cemetery ☐ Third-Party Seller

CERTIFICATE OF AUTHORITY LICENSE NUMBER:	CERTIFICATE OF AUTHORITY'S E-MAIL ADDRESS:

I understand that by signing this form below, I am agreeing to and granting permission to the preneed sales agent license listed above to be registered under the certificate of authority of which I am acting as the authorized representative, as well as the other certificate of authority license(s) listed in this application. I understand and affirm that upon approval of this application by the board the preneed sales agent may begin selling preneed contracts on behalf of all Certificate of Authority licenses listed in this application that contain the signature of an authorized representative of the certificate of authority license. I also hereby certify that I have the right to grant such permissions on behalf of the certificate of authority license of which I am acting as the authorized representative.
NAME OF AUTHORIZED REPRESENTATIVE OF CERTIFICATE OF AUTHORTIY LICENSE:
SIGNATURE OF AUTHORIZED REPRESENTATIVE OF CERTIFICATE OF AUTHORTIY LICENSE:
DATE SIGNED:

NAME OF CERTIFICATE OF AUTHORITY UNDER WHICH THE PRENEED SALES AGENT IS **SEEKING REGISTERED**:
D/B/A NAME (if applicable):
TYPE OF BUSINESS ENTITY (check one):
☐ Funeral Establishment ☐ Cemetery Authority ☐ Combination Funeral and Cemetery ☐ Third-Party Seller

CERTIFICATE OF AUTHORITY LICENSE NUMBER:	CERTIFICATE OF AUTHORITY'S E-MAIL ADDRESS:

I understand that by signing this form below, I am agreeing to and granting permission to the preneed sales agent license listed above to be registered under the certificate of authority of which I am acting as the authorized representative, as well as the other certificate of authority license(s) listed in this application. I understand and affirm that upon approval of this application by the board the preneed sales agent may begin selling preneed contracts on behalf of all Certificate of Authority licenses listed in this application that contain the signature of an authorized representative of the certificate of authority license. I also hereby certify that I have the right to grant such permissions on behalf of the certificate of authority license of which I am acting as the authorized representative.
NAME OF AUTHORIZED REPRESENTATIVE OF CERTIFICATE OF AUTHORTIY LICENSE:
SIGNATURE OF AUTHORIZED REPRESENTATIVE OF CERTIFICATE OF AUTHORTIY LICENSE:
DATE SIGNED: