**DEPARTMENT OF FINANCIAL SERVICES**
***Division of Funeral, Cemetery, and Consumer Services* 200 East Gaines Street**
**Tallahassee, FL 32399-0361**

# APPLICATION FOR MONUMENT ESTABLISHMENT SALES AGENT LICENSURE

Under Section 497.554, Florida Statutes.

**NONREFUNDABLE APPLICATION FEE:** $55

This application form is for licensure of a monument establishment sales agent. As used in this application: "Division" refers to the Division of Funeral, Cemetery, and Consumer Services; "Board" refers to the Board of Funeral, Cemetery, and Consumer Services; "F.S." refers to Florida Statutes; "Principal" includes any person involved in the business enterprise; "Deathcare industry license" refers to any licensure as an embalmer, funeral director, direct disposer, funeral establishment, direct disposal establishment, centralized embalming facility, cinerator facility, removal service, refrigeration service, cemetery, monument establishment, or preneed sales business.

Unless specifically indicated otherwise, all questions and requests for data in this application relate to the applicant.

| **Section 1. APPLICANT INFORMATION** | | | |
|---|---|---|---|
| **First Name:** | | | |
| **Middle Name** (leave blank if none): | | | |
| **Last Name:** | | | |
| **Name Suffix** (examples: Jr., II) (leave blank if none): | | | |
| **Birth Date** (mm/dd/yyyy): | | | |
| **Phone number with area code**: | | | |
| **Email address**: | | | |
| **Section 2. RESIDENTIAL ADDRESS** | | | |
| **Street Address:** | | | |
| **City:** | **State:** | **Zip Code:** | **County**: |

**For Office Use Only**

| BT | TYCL | FT | |
|---|---|---|---|
| V | 3606 | L | $50 |
| | 3800 | F | 5 |
| | | | $55 |

| Section 3. ACTUAL BUSINESS LOCATION ADDRESS | | | |
|---|---|---|---|
| Enter the street address where operations will be conducted, if the license is issued. NO post office boxes or non-street addresses are permitted in this section. | | | |
| **Name of Business for which the Applicant will be selling:** | | | |
| **Business Street Address:** | | | |
| **City**: | **County:** | **State:** | **Zip Code:** |
| **Business Phone Number:** | | | |
| **Business Email Address:** | | | |

| Section 4. APPLICANT'S PREFERRED MAILING AND EMAIL ADDRESS | | |
|---|---|---|
| Enter applicant's preferred mailing and email address the Division should use for routine correspondence and notices. | | |
| **Street or PO Box:** | | |
| **City:** | **State:** | **Zip Code:** |
| **Email Address:** | | |

**Section 5. OTHER LICENSURE INFORMATION**

Does the applicant now hold, or has applicant ever in the past held, a deathcare industry license or registration in Florida or any other state or jurisdiction? ☐ **YES** ☐ **NO**

*If your answer to the question in this Section is YES, complete and attach to this application the **Other Licenses Form** for each current or prior license.*

**Section 6. ADVERSE LICENSING HISTORY QUESTIONS**

(a) Have you ever had a deathcare industry license or any other regulatory license revoked, suspended, fined, reprimanded, or otherwise disciplined, by any regulatory authority in Florida or any other state or jurisdiction?

☐ **YES** ☐ **NO**

(b) Have you ever had any application for a deathcare industry license or any other regulatory license denied for any reason by any regulatory authority in Florida or any other state or jurisdiction?

☐ **YES** ☐ **NO**

(c) Have you ever voluntarily relinquished or surrendered a deathcare industry license or any other regulatory license while under investigation, or after initiation of a disciplinary proceeding against you or the license?

☐ **YES** ☐ **NO**

(d) Are you currently under investigation by any law enforcement agency, in Florida or any other state or jurisdiction, for any regulatory license, including a deathcare industry license, in which you possess or have an application pending?

☐ **YES** ☐ **NO**

*If the answer to any of the questions above is YES, completed and attach to this application, an **Adverse Licensing Action History Form**.*

## Section 7. CRIMINAL HISTORY QUESTIONS

Have you ever plead guilty, been convicted, or entered a plea of no contest, regardless of whether you were adjudicated guilty or adjudication of guilt was withheld, in the courts of Florida or another state of the United States or a foreign country, regarding any crime indicated below:

a. Any felony, no matter when committed?

☐ **YES** ☐ **NO**

b. Any misdemeanor, no matter when committed, that was directly related to the practice or activities regulated under chapter 497, F.S.?

☐ **YES** ☐ **NO**

c. Any other misdemeanor not already disclosed under question b. above, which was committed within the five (5) years immediately preceding the date this application is submitted?

☐ **YES** ☐ **NO**

*If the answer to any of the above questions is YES, complete and attach to this application a* ***Criminal History Form****.*

## Section 8. PRIOR NAME INFORMATION

Have you ever used, or been known by, any name other than the name used to make this application?

☐ **YES** ☐ **NO**

If you answered YES, enter in the space below every such prior name in full, and the period of time it was used (attach additional sheets if necessary):

*1.* _____

*2.* _____

*3.* _____

*4.* _____

## Section 9. MISCELLANEOUS MATTERS

Do you understand that after licensure, you have a continuing duty under Section 497.146, F.S., to notify the Division within 30 days of any change in your mailing address?

☐ **YES** ☐ **NO**

*To notify the Division of a change in mailing address, submit a* ***Change of Mailing Address or Contact Data - Individuals.***

Do you understand that as part of this application, you must submit your fingerprints for a criminal background check? ☐ **YES** **NO**

***Instructions for Fingerprint Submission***

Applicant may attach to this application one or more additional pages to explain any answer herein, or provide additional information the applicant desires the Division and Board to consider regarding this application.

Are you attaching any such additional pages? ☐ **YES** ☐ **NO** If yes, how many pages: _____

## Section 10. MONUMENT ESTABLISHMENT LICENSEE INFORMATION

Provide information for the monument establishment which desires to license the applicant if the monument sales agent license is issued.

**Name of Monument Establishment** (as licensed):

**FEIN**:

**Street address:**

**City:**

**Name of monument establishment representative to be contacted by the Division:**

**Phone number with area code of representative:**

**Email address of representative:**

## Section 11. MONUMENT ESTABLISHMENT CERTIFICATION

1. The sponsoring monument establishment shall be responsible for the activities of its sales agents concerning their sales activities and shall reasonably supervise such activities, pursuant to Section 497.554, F.S.

2. The monument establishment named in this section certifies that it has or will take reasonable steps to ensure that the monument sales agent applicant named herein, has adequate training regarding monument sales, prior to soliciting on behalf of the monument establishment named herein.

_____ _____

Signature of Monument Establishment's Representative Date signed

## Section 12. MILITARY STATUS

Pursuant to Section 497.140, F.S., a member of the United States Armed Forces, such member's spouse, and a veteran of the United States Armed Forces who separated from service within two (2) years preceding the application for licensure, are exempt from the application fee of $50.00 and the special unlicensed activity fee of $5.00 associated with initial licensure.

Are you a member of the United States Armed Forces, such member's spouse, or a veteran of the United States Armed Forces who separated from service within the last two (2) years?

- ◯ NO
- ◯ YES

If yes, attach one of the following to this application:

- ☐ Military identification card
- ☐ Military dependent identification card
- ☐ Military service record
- ☐ Military personnel file
- ☐ Veteran record
- ☐ Discharge paper
- ☐ Other separation document that indicates such member is currently in good standing or such veteran was honorably discharged

## Section 13. SOCIAL SECURITY NUMBER

Enter Applicant's Social Security Number: _____

***Purpose and Use:***

*Pursuant to the Privacy Act of 1974, 5 U.S.C. Section 552a, the State is responsible for informing you whether disclosure of your social security number is mandatory or voluntary, by what statutory or other authority your social security number is solicited, and what uses will be made of your social security number. Under section 119.071(5)(a)2., F.S., a state agency may collect your social security number if the collection is specifically authorized by law or if it is imperative for the performance of the agency's duties and responsibilities as prescribed by law.*

*Disclosure of your social security number on this form is: mandatory pursuant to 42 U.S.C. Section 666(a), and section 497.141, Florida Statutes. The purpose(s) for the requested information is that social security numbers collected will be used by the Department of Financial Services and the Board of Funeral, Cemetery and Consumer Services as follows: identification of applicants; obtaining background checks on applicants; obtaining information from authorities in other states; investigation of applicants and licensees concerning asserted violations of applicable law or rules; enforcement of child support obligations. Your social security number is confidential and exempt from the disclosure requirements of section 119.07(1), F.S., and section 24(a), Article I of the Florida Constitution and will not be used for any purpose other than the purpose(s) provided herein, or as otherwise authorized under section 119.071(5)(a), F.S.*

*A copy of this Privacy Statement is provided to you as required by section 119.071(5)(a)3., F.S.*

## Section 14. APPLICANT'S CERTIFICATION & SIGNATURE

Under penalties of perjury, I, the applicant or applicant's authorized signatory, do hereby declare that I have read the foregoing application and all attachments, and the facts stated in it are true and correct.

I declare that, prior to commencing operations under this license, I have complied or I will comply with all requirements under chapter 497, F.S., relating to the license for which I have applied.

I hereby authorize any court, law enforcement agency, or licensing authority to release or make available to the Division of Funeral, Cemetery, and Consumer Services, Florida Department of Financial Services, and to the Florida Board of Funeral, Cemetery, and Consumer Services, any and all information in their files concerning the applicant.

_____ _____

Signature of Applicant Date Signed

_____

Name and Title

Mail completed application with all attachments and required fees to:

Division of Funeral, Cemetery, and Consumer Services
Revenue Processing Office
P.O. Box 6100
Tallahassee, FL 32314-6100