



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

APPLICATION FOR PRENEED SALES AGENT APPOINTMENT

Under Section 497.466, Florida Statutes (F.S.)

NONREFUNDABLE REQUIRED FEE: \$275

This application form is for use by preneed sales agents and preneed businesses to appoint a preneed sales agent to represent and sell for the preneed business. Only a preneed sales agent who is currently licensed as a preneed sales agent may be appointed using this form. If the person to be appointed as a preneed sales agent is not currently licensed as a preneed sales agent, use the Application for Preneed Sales Agent Licensure and Initial Appointment, Form DFS-PNS-1.

Appointments are effective when this form is completed, accompanied by the required fee, and received by the Division. The required fee may be paid by either the preneed sales agent to the preneed business, as they agree.

Section 1. PRENEED LICENSEE INFORMATION
1A. Preneed licensee name: _____
1B. Preneed licensee license number: _____
1C. Preneed license expiration date (mm/dd/yyyy): _____
Section 2. PRENEED BUSINESS INFORMATION
2A. Preneed business name: _____
2B. Preneed business license number: _____
2C. Preneed license expiration date (mm/dd/yyyy): _____
Section 3. CONTACT INFORMATION CONCERNING THIS APPLICATION
<u>Enter the name and contact information of the person the Division should contact concerning this application.</u>
<u>Name:</u> _____
<u>Mailing address:</u> _____
<u>Phone number with area code:</u> _____
<u>Email address:</u> _____

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\$275

Section 4. FEIN OR SOCIAL SECURITY NUMBER

Enter Applicant's FEIN or 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 405, 42 U.S.C. Section 666(a), and section 497.141, F.S. 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 5. SIGNATURE OF PRENEED SALES AGENT AND PRENEED BUSINESS

By our signatures below, we, the preneed sales agent and the preneed business identified in the above sections, do request the Division of Funeral, Cemetery, and Consumer Services to annotate its records to show the agent as appointed to solicit and make preneed sales for the preneed business.

Signature of Preneed Sales Agent

Date Signed

Signature of Preneed Business's Representative

Date Signed

Mail completed application and required fees to:

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

Attach check or money order payable to Department of Financial Services