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

APPLICATION FOR PRENEED BRANCH OFFICE LICENSURE RENEWAL

For the Annual Period Beginning July 1

NONREFUNDABLE REQUIRED FEE: $155.00

READ THE FOLLOWING CAREFULLY: Failure to submit the renewal fee and this form prior to April 1 shall result in your license being placed into an "expired" status. A new application will be required to return the preneed license branch and agents to active status. This form must be received by the Department on or before March 31.

Section 1. LICENSEE INFORMATION

1A. Licensee's name: _____

1B. Licensee's street address: _____

1C. License number: _____

1D. SEQ: _____

1E. BRN: _____

1F. Branch location address: _____

Check here if within the renewal period the licensee's street address has changed ☐ **OR if the branch location address has changed** ☐

Section 2. LICENSEE SIGNATURE

Pursuant to Section 497.159, F.S., the act of knowingly giving false information in the course of applying for or obtaining a license, with intent to mislead the board or a public employee in the performance of her or his official duties, or the act of attempting to obtain or obtaining a license by knowingly misleading statements or knowing misrepresentations, constitutes a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

Under penalties of perjury, I declare that I have read the foregoing form and that the facts stated in it are true to the best of my knowledge and belief.

_____

Signature of Licensee Date Signed

_____

Print name of Licensee

Mail the completed claim and required fee to: Division of Funeral, Cemetery, and Consumer Services Revenue Processing
P.O. Box 6100
Tallahassee, FL 32399-0361

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