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

APPLICATION FOR PRENEED SALES AGENT LICENSURE AND INITIAL APPOINTMENT

Under Section 497.466, Florida Statutes.

NONREFUNDABLE REQUIRED FEE: $280

This application form is for licensure and initial appointment of a preneed sales agent. This form is to be used by an individual who is not currently licensed as a preneed sales agent and seeking initial licensure, or 2) by the preneed business who desires to appoint the applicant if the license is issued. 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	3706	L	$250
	3802	A	$ 25
3800		F	$ 5
			$280

Section 3. PRIOR FINGERPRINT SUBMISSION

Have you, the applicant, within the 24 months preceding the month of this application, submitted fingerprints for the purpose of seeking **any** type of license from the Florida Department of Financial Services?

☐ **YES** ☐ **NO**

If **YES**:

a. State the month and year the fingerprints were submitted: _____

b. Type of license being applied for:

(*If ~~you have submitted fingerprints to this Department within t~~he prior 24 months, as confirmed by Department records, you will not be required to submit fingerprints again for this application.*)

Section 4. APPLICANTôS 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. QUALIFICATION QUESTIONS

(1) Are you **under** the age of 18? ☐ **YES** ☐ **NO**

(2) Have you ever previously been issued a temporary preneed sales agent license in the State of Florida which lapsed due to failure to submit fingerprints? ☐ **YES** ☐ **NO**

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. 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 9. 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 $250.00 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 10. 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 11. 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

Section 12. PRENEED BUSINESS LICENSEE INFORMATION
Provide information for the preneed business which desires to license the applicant if the preneed sales agent license is issued.
Name of Preneed Business (as licensed):
Preneed licensure number:
FEIN:
Street address:
City:
Name of preneed business representative to be contacted by the Division:
Phone number with area code of representative:
Email address of representative:

Section 13. PRENEED BUSINESS CERTIFICATION
1. The preneed business named in Section 10., requests that, effective upon licensure of the preneed sales agent applicant identified in Section 1., the records of the Division be annotated to reflect the appointment of said preneed sales agent to solicit and make preneed sales on behalf of this preneed business. 2. The preneed business names in Section 10., certifies that it has or will take reasonable steps to assure that the preneed sales agent applicant named in section 1., has adequate training regarding preneed sales prior to soliciting on behalf of the preneed business names in Section 10. _____ _____ Signature of Preneed Business's Representative Date signed