

Applicant: Print your first & last name here: _____



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

PRENEED SALES AGENT
Application for Agent License and Initial Appointment

Under Section 497.466, Florida Statutes. Before the Board of Funeral, Cemetery and Consumer Services.

REQUIRED FEE: \$280 Application fee (nonrefundable)

The fee includes both the license and the two-year initial appointment. If paying by check make check payable to Department of Financial Services. Mail form and payment to: Division of Funeral, Cemetery & Consumer Services, Revenue Processing, P.O. Box 6100, Tallahassee, FL 32314-6100.

This combination form is used 1) by a person who is not currently licensed as a preneed sales agent to apply for a preneed sales agent license, and 2) by the preneed business which desires to appoint that applicant if the agent license is issued. The agent applicant completes Sections 1 through 5. The preneed business completes section 6. Either the agent applicant or the preneed business then forwards the application to the Division. A check for the required fees must accompany the application, but the check may be on the agent applicant's or the preneed business's bank account (as the agent applicant and preneed business may agree between themselves).

Note: The fee for this transaction is lower if you use the Division's on-line licensing system to submit this application and make payment, rather than using this paper form. The on-line licensing system may be accessed and printed from the website of the Division of Funeral, Cemetery & Consumer Services, as follows: go to the website of the Dept of Financial Services (www.myfloridacfo.com), click on FLDFS Divisions and Offices, click on Funeral and Cemetery Services.

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. Where the required answer is YES or NO, circle the correct answer.

Section 1. PRENEED SALES AGENT DEMOGRAPHIC & CONTACT DATA		
Agent Applicant's First Name	Middle Name (leave blank if none)	Last Name
Last name suffix (e.g. Jr, III, etc) (leave blank if none):	Preferred salutation (circle one): Ms. Mrs. Mr.	Daytime phone number with area code:
Email address (e.g., smithW@xyz.com)	Date and Place of Birth	Fax number (optional)
For Office Use Only BT TYCL FT V 3706 L \$250 3802 A \$ 25 3800 F \$ 5 \$280		

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Prior Fingerprint Submission. Have you, the agent 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 the prior 24 months, as confirmed by Department records, you will not be required to submit fingerprints again for this application.)

Section 2. RESIDENCE ADDRESS, AGENT APPLICANT

Residence Street address (no P.O. boxes allowed in this block):

Apartment #
(leave blank if none)

County

City

State

Zip

Country

Section 3. PREFERRED MAILING ADDRESS, AGENT APPLICANT

_____ *Check here if same as residence address, then skip this section*

Street or P.O. Box:

3. County

4. City

State

Zip

Country

Section 4, QUALIFICATION QUESTIONS, AGENT APPLICANT

"You" in this Section refers to the preneed sales agent applicant.

(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**

(3) Have you ever had a license or the authority to practice a profession or occupation denied or refused, or suspended, revoked, fined, or otherwise acted against or disciplined, by the licensing authority of any jurisdiction?

YES NO

If the answer to the question immediately above is YES, you must fill out and submit with this application, an "Adverse Licensing Action History Form." That form may be obtained on the website of the Division of Funeral, Cemetery & Consumer Services, or you may request the form by letter directed to the Division office at the address shown at the top of this form. You must disclose on that form details of each adverse licensing action that required a "YES" answer to the question above.

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(4) Have you, the applicant herein, ever plead guilty, been convicted, or entered a plea in the nature of no contest, regardless of whether adjudication was entered or withheld by the court in which the case was prosecuted, in the courts of Florida or another state or a foreign country, regarding any crime indicated below:

1. Any felony or misdemeanor, no matter when committed, which was directly or indirectly related to or involving any aspect of the practice or business of funeral directing, embalming, direct disposition, cremation, funeral or cemetery preneed sales, funeral establishment operations, cemetery operations, or cemetery monument or marker sales or installation. **YES NO**
2. Any other felony not already disclosed under subparagraph 1. immediately above, which was committed within the 20 years immediately preceding the date you submit this application. **YES NO**
3. Any other misdemeanor not already disclosed under subparagraph 1. which was committed within the 5 years immediately preceding the date you submit this application? **YES NO**

If you circled YES, you (the agent applicant) must fill out and submit with this application, a “Criminal History Form.” You must disclose on that form details of every criminal action against you that required a “YES” answer to any of a, b, or c above. That form may be obtained on the website of the Division of Funeral, Cemetery & Consumer Services, or you may request the form by letter directed to the Division office at the address shown at the top of this form.

Section 5. PRENEED SALES AGENT APPLICANT’S SIGNATURE

(1) I, the preneed sales agent applicant, do certify that the information and answers entered in Sections 1 through 5 above, are true and correct to the best of my knowledge and belief.

Signature of preneed sales agent applicant

Date signed

Section 6. PRENEED BUSINESS LICENSEE INFORMATION & SIGNATURE

The information to be entered in this Section relates to the preneed business that desires to appoint this agent if the preneed sales agent license applied for herein is issued. “Preneed license number” as used below refers to what was formerly referred to as the preneed business’s COA number.

Name of Preneed Business (as licensed):

FEIN:

Preneed license number:

Street address

City

State

Zip

Name of preneed business staff member to be contacted by the Division if questions arise:

Phone number of that staff member (w/area code):

Email address of that staff member (eg, smithW@xyz.com):

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REQUEST & CERTIFICATION

1. The preneed business named in this section requests that, effective upon licensure of the preneed sales agent applicant identified in this application, 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 named in this section certifies that it has or will take reasonable steps to assure that the preneed sales agent applicant named herein has adequate training regarding preneed sales, prior to soliciting on behalf of the preneed business named herein.

Signature of preneed business's representative

Date signed

Information For Applicant And Preneed Business:

1. If this application is legibly and completely filled out, and the agent applicant answered "NO" to all questions in Section 4, and a check for the proper amount of fees is attached to this application, then the agent applicant may be considered to be temporarily licensed and appointed, and may commence preneed solicitations and sales on behalf of the preneed business named in the application, on the date this application is received by the Florida Department of Financial Services. Division staff will promptly **email** the preneed business and the preneed sales agent applicant, if email addresses are provided above, to confirm receipt of this application. Alternatively, if this application is sent by certified or registered mail, or by courier service which provides the sender with confirmation and date of delivery, then such confirmation by the post office or courier service will constitute date of receipt by the Division.
2. If the confirmation of receipt from the Division advises that a temporary preneed sales agent license and appointment is issued, it means the agent will need to submit fingerprints within 90 days of issuance of the temporary license. If the agent does not submit fingerprints within the 90 days, the temporary license will expire on the 120th day after issuance.
3. If the agent applicant indicates on this form that he/she has an adverse license record or criminal record (i.e., he/she answered YES to Section 4 and/or 5), or has previously been issued a temporary license that lapsed due to failure to provide proper fingerprints, the agent is not necessarily barred from licensure as a preneed sales agent. However, they cannot be issued a temporary license, and his/her application must await review and decision by the Board at its next available meeting.
4. An appointment of the preneed sales agent requested herein will be effective for 24 months, starting from the date the temporary or permanent preneed sales agent license is issued (whichever is earlier), unless earlier terminated by the preneed business, the agent, the Division or the Board for cause.

Social Security No. _____