

INVOICE - RENEWAL OF PRENEED LICENSE
DEPARTMENT OF FINANCIAL SERVICES
Division of Funeral, Cemetery, and Consumer Services
Form DFS-PNL-R1

Licensee:

License #:

For renewal effective: 7-1-20__

Invoice No:

A) Enter the total number of preneed contracts written during the calendar year (CY) 20__
(including trust funded, insurance funded, and surety bonded) (from line A1 on form R3B) (A)_____

B) Enter the renewal fee (from Schedule 2 in Renewal Package Cover Sheet) for the
number of contracts shown on the line above: (B)_____

C) Enter number of preneed branches to be renewed (from list below) on line (C) (enter zero
if no branches being renewed): (C)_____

D) Multiply the number of branches on line (C) times \$155, and enter the result on line (D). (D)_____

E) Unlicensed activity fee for preneed main license renewal: (E) \$5.00

F) TOTAL AMOUNT DUE. Add amounts on lines (B), (D), and (E), and enter in (F). (F)_____

Send a check or money order for the amount in (F) with this Invoice and your completed application package to address below.

Make checks payable to the "Department of Financial Services." Mail to: Department of Financial Services
PO Box 6100
Tallahassee FL 32314-6100

Licensee:

License #:

Place an "x" on the "Do Not Renew" line of any branch(es) not to be renewed. If you have one or more branches not listed below, please print the name of the branch at the end of the list below and add it to the number of branches to be renewed.

Do Not
Renew

Total # of Branches printed below: 0