

STATE BOARD OF CEMETERIANS  
237 COLISEUM DRIVE  
MACON, GA 31217  
478.207.2440  
www.sos.ga.gov/plb

DO NOT WRITE IN THIS SECTION  
RECEIPT # \_\_\_\_\_  
AMOUNT \_\_\_\_\_  
APPLICANT # \_\_\_\_\_  
INITIAL \_\_\_\_\_ DATE \_\_\_\_\_

**APPLICATION FOR PRENEED SALES AGENT**

*Make checks payable to: State Board of Cemeterians*

\_\_\_\_\_ **Initial Application as Preneed Sales Agent**

**\$ 100.00 Non Refundable**

**APPLICANT INFORMATION (Please print or type)**

FIRST

MIDDLE

LAST

SUFFIX (JR, SR, ETC)

SOCIAL SECURITY NO.\*: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

PLACE OF BIRTH:

\*THIS INFORMATION IS AUTHORIZED TO BE OBTAINED & DISCLOSED TO  
STATE & FEDERAL AGENCIES PURSUANT TO O.C.G.A. § 19-11-1 & O.C.G.A. §  
20-3-295, 42 U.S.C.A. § 551 & 20 U.S.C.A. § 1001.

CITY

STATE OR COUNTRY

GENDER: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE

DATE OF BIRTH : \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**ADDRESS INFORMATION**

**RESIDENCE ADDRESS** (P.O. BOX NOT ACCEPTABLE)

STREET

CITY

COUNTY

STATE

ZIP CODE

TELEPHONE

**PRENEED DEALER NAME:** \_\_\_\_\_ **REGISTRATION NO.** \_\_\_\_\_

**MAILING ADDRESS OF PRENEED DEALER** (ADDRESS USED TO MAIL REGISTRATION & RENEWAL NOTICE)

STREET OR P.O. BOX

CITY

COUNTY

STATE

ZIP CODE

TELEPHONE

**EMAIL ADDRESS (required):** \_\_\_\_\_

Please notify the Board of any email address change. Your email address will not be shared with any third party.

## PROFESSIONAL BACKGROUND QUESTIONNAIRE

The Applicant must answer the following questions. If your answer is “Yes” to any of the following questions, please explain, giving current status and attach additional sheets and documentation, if necessary.

( ) Yes	( ) No	Are you currently registered as a Preneed Sales Agent with any other dealer? <b>If “Yes,” please provide your Registration Number: _____</b>
( ) Yes	( ) No	Have you ever been registered as an Apprentice in this state? <b>If “Yes,” please provide your Registration Number: _____</b>
( ) Yes	( ) No	Are you currently working with an insurance agency? <b>You must attach an explanation, including licensure information, if applicable.</b>
( ) Yes	( ) No	Have you ever engaged in any unethical or dishonest practices in the funeral or cemetery business? <b>If “Yes”, submit an explanation and any court documents applicable.</b>
( ) Yes	( ) No	Have you had revoked or suspended or otherwise sanctioned any license issued to you by any board or agency in Georgia or any other state?
( ) Yes	( ) No	Were you denied issuance of or, pursuant to any disciplinary proceedings, refused renewal of a license by any board or agency in Georgia or any other state?
( ) Yes	( ) No	Have you been subject to disciplinary action or had your membership revoked by a professional organization governing the practice of that profession?
( ) Yes	( ) No	To the best of your knowledge, is there any disciplinary action pending against you by any licensing board or professional organization?
( ) Yes	( ) No	Have you ever been arrested, charged, convicted, sentenced, entered a plea of guilty or nolo contendere, or been given First Offender status for any felony, misdemeanor (other than a minor traffic violation), or any crime involving moral turpitude? (DWI and DUI are not minor traffic violations.) If “Yes,” attach a certified copy of the court disposition and a notarized statement on agency letterhead from the probation officer giving current status of probation.
( ) Yes	( ) No	Have you had any suit filed against you related to the practice of a profession?

**AFFIDAVIT OF THE APPLICANT**

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the State Board of Cemeterians, and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) \_\_\_\_\_ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s). A list of approved documents can be found at [www.sos.ga.gov](http://www.sos.ga.gov) under the Quick Links tab.**

2) \_\_\_\_\_ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the State Board of Cemeterians and/or criminal prosecution.

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**AFFIDAVIT OF THE EMPLOYER**

I hereby certify that the applicant is authorized to offer, sell, and sign preneed contracts on behalf of the preneed dealer listed in this application, that the applicant meets the qualifications for registration, and that the applicant has been informed of the requirements and prohibitions of O.C.G.A. § 10-14 and the rules of the State Board of Cemeterians. I further certify that the applicant has been informed of the listed dealer’s preneed contract and the nature of merchandise, services, and/or burial rights sold by the listed preneed dealer.

\_\_\_\_\_  
Authorized Signature for Preneed Dealer

\_\_\_\_\_  
Date

**OFFICE OF SECRETARY OF STATE  
PROFESSIONAL LICENSING BOARDS DIVISION  
237 Coliseum Drive  
Macon, Georgia 31217  
(478) 207-2440**

**CONSENT FORM**

I hereby authorize the State Board of Cemeterians ("Board") to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

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Full Name (Print)

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Physical Address (P.O. Boxes NOT Accepted)

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Sex

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Race

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Date of Birth

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Social Security Number

**One of the following must be checked:**

This authorization is valid for 90/180/\_\_\_ (circle one) days from date of signature.

I, \_\_\_\_\_ give consent to the Board to perform periodic criminal history background checks for the duration of my licensure with this state.

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Signature of Applicant

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Date

Special licensure provisions (check if applicable):

\_\_\_ Working with mentally disabled

\_\_\_ Working with elder care

\_\_\_ Working with children