

GEORGIA BOARD OF CEMETERIANS

237 Coliseum Drive, Macon, GA 31217-3858

Phone: 844-753-7825 * Fax: 866-888-8026 * Email: PLB-Trades3@sos.ga.gov

Website: www.sos.ga.gov/plb

Supplemental Information Required for Preneed Sales Agent Licensure Applications

Only complete applications will be presented to the Board.

(Mail, email or fax to the Board office any required official documents noted below.)

Applicant Name _____ **Tracking Code** _____
(Print clearly) (Found on receipt page)

Employer Name _____ **Employer Registration No.** _____

1. **Secure and Verifiable Document.** Georgia law requires that all applicants provide a copy of their secure and verifiable document. A list of Secure and Verifiable documents may be found on the attached pages or on our website.
2. **Affidavit of Citizenship.** Complete the attached affidavit, required of all applicants.
3. **Background Check:** A background check is required for all applicants. All applicants must complete and submit the attached Consent Form giving the Board authorization to run a criminal background check.
4. If you are currently registered as a Preneed Sales Agent with any other dealer, provide your
Registration Number: _____.
5. If you have ever been registered as a Funeral Service Apprentice in Georgia, provide your Registration
Number: _____.
6. If you have ever engaged in any unethical or dishonest practices in the funeral or cemetery business, submit an explanation and any applicable court documents.
7. Submit certified copies of any court documents related to any criminal arrest or conviction as indicated on the application.
8. Submit certified copies of any documents relating to any board sanction as indicated on the application.

**OFFICE OF SECRETARY OF STATE
PROFESSIONAL LICENSING BOARDS DIVISION
237 Coliseum Drive
Macon, Georgia 31217
844-753-7825**

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.

Full Name (Print)

Physical Address (P.O. Boxes NOT Accepted)

Sex Race Date of Birth Social Security Number

One of the following must be checked:

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

OR

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

Signature of Applicant

Date

Special licensure provisions (check if applicable):

____ Working with mentally disabled
____ Working with elder care
____ Working with children

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 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.

Sworn to and subscribed before me this

Applicant Signature

_____ day of _____, _____.

Applicant Name (printed)

Notary Public

Date

My Commission Expires: _____

Notary Seal

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