

**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 (non-refundable)**

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

FIRST

MIDDLE

LAST

SUFFIX (JR, SR, ETC)

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

\*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.

PLACE OF BIRTH:

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:**

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?<br><b>If "Yes," please provide your Registration Number: _____</b>  |
| ( ) Yes | ( ) No | Have you ever been registered as an Apprentice in this state?<br><b>If "Yes," please provide your Registration Number: _____</b>   |
| ( ) Yes | ( ) No | Are you currently working with an insurance agency?<br><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?<br><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, or sentenced for any felony, misdemeanor, DWI, DUI, or any crime involving moral turpitude? 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 ever entered a plea of guilty or nolo contendere, or been given First Offender status for any felony, misdemeanor, DWI, DUI, or any crime involving moral turpitude? 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.

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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

\_\_\_\_\_  
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



# Office of the Secretary of State

## Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize the Georgia Secretary of State -Charities Division to conduct an inquiry for Agency/Company the purpose listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

|                   |      |               |                        |
|-------------------|------|---------------|------------------------|
| Full Name (print) |      |               |                        |
| Address           |      |               |                        |
| Sex               | Race | Date of Birth | Social Security Number |
|                   |      |               |                        |

- This authorization is valid for \_\_\_\_\_ days from date of signature.
- I, \_\_\_\_\_, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

\_\_\_\_\_  
Signature Date

Date of Inquiry: \_\_\_\_\_ Time of Inquiry: \_\_\_\_\_ Operator's Initials: \_\_\_\_\_

Purpose Code Used: (check one)

| NON-CRIMINAL JUSTICE PURPOSES                   |   |
|---|---|
| <input type="checkbox"/>                        | E - Employment  |
| <input type="checkbox"/>                        | M - Working with Mentally Disabled  |
| <input type="checkbox"/>                        | N - Working with Elderly  |
| <input type="checkbox"/>                        | W - Working with Children   |
| <input type="checkbox"/>                        | P - Public Records (no consent required) <small>Referral for Investigation - Hanc</small> |
| <input type="checkbox"/>                        | F - Probate Court / Weapons Carry License   |
| PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY) |   |
| <input type="checkbox"/>                        | U - Personal Copy   |
| CRIMINAL JUSTICE EMPLOYMENT                     |   |
| <input type="checkbox"/>                        | J - Civilian Criminal Justice Employment (State & III Info Received)                      |
| <input type="checkbox"/>                        | Z - Sworn Criminal Justice Employment (State & III Info Received)                         |

The inquiry resulted in the following: (check all that apply)

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | No Criminal Record Available                           |
| <input type="checkbox"/> | Criminal Record (Attached/Released)                    |
| <input type="checkbox"/> | No NCIC/GCIC Warrant                                   |
| <input type="checkbox"/> | Possible NCIC/GCIC Warrant (List Wanting Agency Below) |

Wanting Agency Name: \_\_\_\_\_

Wanting Agency Telephone: \_\_\_\_\_

Agency Designee Signature and Title: \_\_\_\_\_ Date: \_\_\_\_\_