



**Georgia Secretary of State
Cemeteries Division**

*****To assist in the timely process of your application, USE THIS AS A CHECKLIST to assemble your application packet*****

**PRENEED SALES AGENT Application
Instructions for Form PN-200**

- 1. **Registration Fee:** The initial application fee is \$100.00. The payment must be made by check or money order, payable to Georgia Secretary of State. *Application fees are non-refundable.*

- 2. **Form PN-200:** The *Preneed Dealer* must submit a fully completed PN-200 application. Each page of this application must be completed with signatures and notarization where indicated. Attach additional sheets when needed and/or any other supplemental documentation required for review. Please note to gather/provide the following information for this application:
 - A. The name, address, social security number, and date of birth of the applicant (employee-sales agent).
 - B. The name, address, and license number of the sponsoring preneed dealer (employer).
 - C. Background Information: Please address each security question in full. Remember to attach any supporting documents for any "Yes" answers to questions in this section.
 - D. Consent Form completed and signed by the applicant (employee-sales agent).
 - E. Affidavit of the Applicant (employee) and a copy of the applicant's SVD (Secure and Verifiable Document).
 - F. Employer Attestation.

- 3. **Qualifications:** Qualifications for a preneed sales agent are as follows per O.C.G.A. § 10-14-5 (f):
 - A. The applicant must be at least 18 years of age.
 - B. The applicant must not be subject to any order of the Secretary of State that restricts his or her ability to be registered as a preneed sales agent.
 - C. The applicant must not have been adjudicated, civilly or criminally, to have committed fraud or violated any law of any state involving fair trade or business practices, have been convicted of a misdemeanor of which fraud is an essential element or which involves any aspect of the funeral or cemetery business, or have been convicted of a felony.

APPLICATION FOR REGISTRATION OF PRENEED SALES AGENT
O.C.G.A. §10-14-5

Item 1: GENERAL INFORMATION

A. REASON FOR APPLICATION (CHECK ONE):

- NEW PRENEED SALES AGENT – FEE \$100.00**
Make check payable to Georgia Secretary of State. *APPLICATION FEES ARE NON-REFUNDABLE*
- AMENDMENT ONLY – NO FEE REQUIRED.**

B. PRENEED SALES AGENT INFORMATION

Full Name of Preneed Sales Agent (First Middle Last)			
Social Security Number		DOB	
Place of Birth: City and State		Gender _____ Male _____ Female	
Mailing Address	City	State	Zip Code
Telephone Number:	FAX		
Email Address <i>Your email address is requested in order to send communication from the Board and will be treated as confidential.</i>			

C. PRENEED DEALER INFORMATION

Name of Dealer		Registration #	
Mailing Address	City	State	Zip Code
Telephone Number:	FAX		
Email Address <i>Your email address is requested in order to send communication from the Board and will be treated as confidential.</i>			

Item 2: PROFESSIONAL BACKGROUND INFORMATION

APPLICANT NAME: _____

The Applicant must answer the following questions. If the answer is “Yes” to any of these questions, you must provide explanation, including certified documentation, such as court dispositions, disciplinary action by a licensing board, etc. Attach additional pages, if necessary.

BACKGROUND QUESTIONS			
1.	Are you currently registered as a Preneed Sales Agent with any other dealer? If “Yes,” please provide your Registration Number: _____	Yes	No
2.	Have you ever been registered as an Apprentice in this state? If “Yes,” please provide your Registration Number: _____	Yes	No
3.	Are you currently working with an insurance agency? If “Yes,” attach an explanation and including licensure information, if applicable.	Yes	No
If “Yes” to questions 4 to 11, submit an explanation and any court documents applicable for each Yes response			
4.	Have you ever engaged in any unethical or dishonest practices in the funeral or cemetery business?	Yes	No
5.	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
6.	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
7.	Have you been subject to disciplinary action or had your membership revoked by a professional organization governing the practice of that profession?	Yes	No
8.	To the best of your knowledge, is there any disciplinary action pending against you by any licensing board or professional organization?	Yes	No
9.	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
10.	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?	Yes	No
11.	Have you had any suit filed against you related to the practice of a profession?	Yes	No

ITEM 3: CONSENT FORM

CONSENT FORM

I hereby authorize the Georgia Secretary of State 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 Secretary of State to perform periodic criminal history background checks for the duration of my licensure with this state.

Signature

Date

Special licensure provisions (check if applicable):

- _____ Working with mentally disabled
- _____ Working with elder care
- _____ Working with children

ITEM 4: AFFIDAVIT OF APPLICANT

I certify and declare that I am of good moral character and that all information contained in this application is true and correct, to the best of my knowledge. I understand that any willful omission or falsification of pertinent information required in the application is justification for the denial, suspension, or revocation of my registration by the Secretary of State. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia Cemetery and Funeral Services Act of 2000 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:

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) such as driver's license, passport, or document under O.C.G.A. § 50-36-2.

- 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 Secretary of State, Board of Cemeterians and/or criminal prosecution.

I also understand that if I have made a false statement on the application, or if I am found to have been convicted of a felony and have not had all of my civil rights restored pursuant to the law, **the Secretary of State may suspend my registration without a prior hearing.** I shall be entitled to a hearing after the suspension of my registration.

Signature of Applicant Date

Print Applicant's Name

Date

STATE OF Georgia
COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 2_____

Notary Public Signature _____

My Commission Expires _____
(seal)

2 Martin Luther King Drive, SE • Suite 317, West Tower • Atlanta, Georgia • 30334

ITEM 5: EMPLOYER ATTESTATION

- 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 Georgia Cemetery and Funeral Services Act of 2000. 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.

- I hereby certify that the applicant meets the requirements set forth in O.C.G.A. § 10-14-4-5(F)

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

Authorized Signature of Preneed Dealer
Print Name
Title
Date