



GEORGIA SECRETARY OF STATE
Cemeteries Division

Form PN-300
Termination of Registration as a Preneed Salesperson

This form must be filed with the Office of Secretary of State within three (3) business days of a change in any salesperson's employment.

Part I - Employer			
Name of Cemetery or Preneed Dealer		Registration Number	
Main Address (Number and Street)		City	State Zip Code
Office of Employment Address (Number and Street)		City	State Zip Code
Person to Contact Regarding this Application		Phone Number	
Part II - Applicant			
A. Name (Last) (First) (Full Middle or Maiden Name - specify if none)			Preneed Sales Agent Registration Number: PA-
B. Address (Number and Street)		City	State Zip Code
C. Date Terminated			
D. Reason - Check One: <input type="checkbox"/> Voluntary <input type="checkbox"/> Deceased <input type="checkbox"/> Discharged			
E. Did you have any reason to believe employee had violated any provision of the Georgia Cemetery and Funeral Services Act or otherwise had become subject to disqualification? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If discharged, give brief explanation below:</i> _____ _____ _____			
Part III			
_____ (Signature and Title of Cemetery Official)		_____ (Date)	
_____ (Signature of Salesperson Terminated)		_____ (Date)	