



**STATE OF MISSOURI**  
**DIVISION OF PROFESSIONAL REGISTRATION**  
**PROVIDER APPLICATION**

STATE BOARD OF EMBALMERS AND  
 FUNERAL DIRECTORS  
 3605 MISSOURI BOULEVARD  
 P.O. BOX 423  
 JEFFERSON CITY, MO 65102  
 TELEPHONE (573) 751-0813  
 FAX (573) 751-1155  
 TTY (800) 735-2966  
 WEBSITE: <http://pr.mo.gov/embalmers.asp>

**INSTRUCTIONS**

Use this form to apply for licensure as a preneed provider. Mail completed form to: Missouri State Board of Embalmers and Funeral Directors, P.O. Box 423, Jefferson City, Missouri 65102. **Please attach additional sheets where applicable.**

If you have a disability and require accommodations addressed by the Americans with Disabilities Act, please notify this office at the time of application to insure that reasonable accommodations are made for your needs. Notification must be made in writing and mailed to the Missouri State Board of Embalmers and Funeral Directors, P.O. Box 423, Jefferson City, Missouri 65102. Notification of special needs must be received at least thirty (30) days in advance of any scheduled examination date. The text telephone number for the hearing impaired is (800) 735-2966.

| FOR BOARD USE ONLY |                |
|--------------------|----------------|
| LICENSE #          | ISSUE DATE     |
| FEE RECEIVED       | DATE DEPOSITED |
| CHECK NO.          | INITIALS       |
|                    |                |

**TYPE OF LICENSE: Please check the box that applies**

- Preneed Provider who is a Missouri licensed funeral establishment.** **Fee: \$100 Application fee + \$11 Highway Patrol Background Check. Highway Patrol Background Check Fee must be submitted for all individuals listed in Section A, additional background check fees may be required.**
- Preneed Provider not a Missouri licensed funeral establishment.** **Fee: \$200.00 + \$11 Highway Patrol Background Check. Highway Patrol Background Check Fee must be submitted for all individuals listed in Section A, additional background check fees may be required.**
- Amended Application** **Fee: \$25 Application fee + \$11 Highway Patrol Background Check. Highway Patrol Background Check Fee must be submitted for all individuals listed in Section A, additional background check fees may be required.**

|  |  |  |               |
|--|--|--|---------------|
| 1. NAME OF PRENEED PROVIDER  |  | 2. TELEPHONE NUMBER  | 3. FAX NUMBER |
| 4. WILL THE APPLICANT DO BUSINESS UNDER ANOTHER NAME? IF SO, LIST D/B/A NAME (must be registered with Missouri Secretary of State).  |  | 5. E-MAIL  |               |
| 6. PHYSICAL ADDRESS (STREET, CITY, STATE, ZIP)   |  |  |               |
| 7. MAILING ADDRESS (STREET OR P.O. BOX, CITY, STATE, ZIP CODE)   |  |  |               |
| 8. TYPE OF ENTITY (PLEASE CHECK)<br><input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP (PLEASE LIST PARTNERS BELOW) <input type="checkbox"/> OTHER _____ |  |  |               |
| 9. REGISTERED AGENT OR OWNER'S NAME  |  | SOCIAL SECURITY NUMBER AND MISSOURI STATE TAX ID NUMBER (REQUIRED) |               |
| 10. <input type="checkbox"/> BY CHECKING THIS BOX YOU ARE INDICATING THE ENTITY AND DOING BUSINESS AS (DBA) NAMES FOR THIS PHYSICAL ADDRESS HAVE BEEN REGISTERED WITH THE SECRETARY OF STATE.                                |  |  |               |

**SECTION A: OWNERSHIP INFORMATION**

List each officer, director, or manager. Also list any shareholders or owners with 10% or greater ownership interest in preneed provider.

| NAME | TITLE | CONTACT TELEPHONE NO. | CONTACT ADDRESS | SOCIAL SECURITY NUMBER | DATE OF BIRTH |
|------|-------|-----------------------|-----------------|------------------------|---------------|
|      |       |                       |                 |                        |               |
|      |       |                       |                 |                        |               |
|      |       |                       |                 |                        |               |

The corporate applicant hereby certifies to the board that each of its officers, directors, managers and controlling shareholders would be eligible for licensure under section 333.330. If the no box is checked please attach a sheet of explanation.  YES     NO

**SECTION B: Identify the name and address of each seller authorized by the provider to sell preneed contracts in which the provider is designated or obligated as the provider. (Please do not list each individual person, list the firm(s) authorized to sell preneed contracts for your establishment.)**

| PRENEED SELLER'S NAME | ADDRESS | PRENEED SELLER REG. NO. (If applicable) |
|-----------------------|---------|---|
|                       |         |   |
|                       |         |   |
|                       |         |   |

| <b>SECTION C: Background Information</b>  |              |                 | <b>Yes</b>               | <b>No</b>                |
|---|--------------|-----------------|--------------------------|--------------------------|
| 1. Have you ever applied for licensure in this or any other state or territory before making this application? Include all.   |              |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| What State  | Date Applied | Type of License |                          |                          |
|   |              |                 |                          |                          |
| 2. Have you ever been denied a professional license, certification, registration or permit? <b>If yes, attach a full explanation.</b>   |              |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever had any professional license, certification, registration or permit revoked, suspended, placed on probation, censured, reprimanded, fined or otherwise subjected to any type of disciplinary action? <b>If yes, attach a full explanation.</b>   |              |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you presently being investigated or is any disciplinary action pending against any professional license, certification, registration or permit you hold or have applied for? <b>If yes, attach a full explanation.</b>   |              |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever voluntarily surrendered or resigned any professional license, certification, registration or permit? <b>If yes, attach a full explanation.</b>   |              |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been convicted, adjudged guilty by a court, pled guilty or pled nolo contendere to any crime whether or not sentence was imposed (include SIS), or are such actions currently pending (excluding traffic violations)? <b>If yes, attach a full explanation and provide certified court documents (i.e. Docket Sheet, Information or Indictment, and Final Disposition).</b>                                |              |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever been convicted, adjudged guilty by a court, pled guilty or nolo contendere to any traffic offense resulting from or related to the use of drugs, alcohol, whether or not sentence was imposed (includes SIS), or are such actions currently pending? <b>If yes, attach a full explanation and provide certified court documents (i.e. Docket Sheet, Information or Indictment, and Final Disposition).</b> |              |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever been adjudged mentally incompetent by a state or federal court? <b>If yes, attach a full explanation and provide certified court documents (i.e. Docket sheet, Complaint, and Final Disposition).</b>  |              |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are you now being treated, or have you been treated within the past five years, through a drug or alcohol rehabilitation program? <b>If yes, attach a full explanation and provide discharge summary or other official documentation that shows your diagnosis, prognosis and treatment plan.</b>  |              |                 | <input type="checkbox"/> | <input type="checkbox"/> |

| <b>SECTION D: DESIGNATION OF CUSTODIAN</b>   |  |
|--|--|
| Pursuant to § 333.315.1(3), RSMo, identify the name and address of a custodian of records responsible for maintaining the books and records of the provider relating to preneed contracts. |  |
| NAME OF CUSTODIAN  | TELEPHONE NUMBER/FAX NUMBER/E-MAIL                       |
| ADDRESS OF CUSTODIAN   | LOCATION OF BOOKS & RECORDS (MUST BE A MISSOURI ADDRESS) |

| <b>SECTION E</b>   |
|--|
| Pursuant to Section 324.010 RSMo:<br><input type="checkbox"/> <b>CHECK THIS BOX ONLY IF IN ALL OF THE LAST 3 YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.</b><br><i>False statements are subject to criminal penalties and/or license discipline.</i><br><b>If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail income@dor.mo.gov.</b> |

| <b>SECTION F: CONSENT TO INSPECTION, EXAMINATION AND AUDIT BOOKS AND RECORDS</b>   |
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| As required by 333.315.2(5) RSMo, I hereby authorize and instruct the custodian(s) named herein to file with the state board, a written consent authorizing the state board to inspect or order an investigation, examination, or audit of the provider's books and records which contain information concerning preneed contracts sold for or on behalf of a seller or in which the applicant is named as a provider. |

| <b>SECTION G: AFFIDAVIT: MUST BE COMPLETED AND NOTARIZED</b>   |
|--|
| I, _____, being first duly sworn and upon my oath do hereby state the foregoing application has  |
| PRINT NAME   |
| been completed on behalf of the applicant truthfully and completely, without omission, and that all answers, statements, designations and consents are true and accurate to the best of my knowledge and belief. I, the undersigned, have personally reviewed the information contained herein and hereby submit this application for a preneed provider license to the State Board of Embalmers and Funeral Directors on behalf of the above-named applicant. I am authorized to submit this application. |
| I affirm that I made this affidavit knowingly, and understand that any false statement or material omission herein subjects me to criminal penalties for making a false affidavit under section 575.050, RSMo AND MAY RESULT IN DENIAL OF THIS APPLICATION UNDER Sections 333.330.2(3) and (12).   |

|   |                     |                          |
|---|---------------------|--------------------------|
| <b>NOTARY SECTION</b>   | SIGNATURE AND TITLE | NOTARY PUBLIC SEAL/STAMP |
|   | PLEASE PRINT NAME   |                          |
| STATE OF  | COUNTY              |                          |
| <b>MISSOURI</b>   |                     |                          |
| Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20_____. |                     |                          |
| NOTARY PUBLIC SIGNATURE   | COMMISSION EXPIRES  |                          |
| NOTARY PUBLIC PRINTED NAME  |                     |                          |

### Social Security Number Disclosure Notice

**You must provide your social security number pursuant to state and federal law.**

**If you fail or refuse to provide your social security number, we will consider your initial application incomplete and return it to you. Continued failure or refusal to provide your social security number is grounds for denial of your application.**

Pursuant to state and federal laws, licensing authorities must assemble your social security number with other relevant information (name, address, etc.) and transmit the data to the Family Services Division of the Department of Social Services to be used in a database for the following purposes:

- (1) locating individuals who are under an obligation to pay child support or provide child custody or visitation rights, against whom such an obligation is sought or to whom such an obligation is owed;
- (2) identifying whether an individual who owes overdue child support or who has failed to comply with a subpoena relating to paternity or child support proceedings holds or has applied for a professional or occupational license (under certain circumstances, a person who owes overdue support or fails to comply with a subpoena relating to the above-stated proceedings may be subject to an order of a court, after notice and opportunity or hearing in that court, suspending, withholding or restricting the person's license).

**In addition to these uses, the licensing authorities will continue their practice of using social security numbers for the following purposes:**

- (1) for internal identification purposes (e.g., some licensing authorities use your social security number as your license number);
- (2) to conduct criminal record checks (discovery of relevant criminal history may result in denial of your application, conditioned licensure or the filing of a disciplinary action against you);
- (3) to verify information provided by you in your application (discovery of false information in your application may result in denial of your application, conditioned licensure or the filing of a disciplinary action against you);
- (4) to verify licensure with another state's licensing authority for reciprocity licensure;
- (5) for identification purposes in national disciplinary databases (the discovery of a disciplined license against you in another state may result in denial of your application, conditioned licensure or the filing of a disciplinary action against you);
- (6) for test identification purposes.

Effective July 1, 2003, all persons and business entities renewing a license with the Division of Professional Registration are required to have paid all state income taxes, and also are required to have filed all necessary state income tax returns for the preceding three years. If you have failed to pay your taxes or have failed to file your tax returns your license will be subject to immediate suspension within 90 days of being notified by the Missouri Department of Revenue of any delinquency or failure to file. The requirements is found in Section 324.010, RSMo 2000, as amended.