



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
APPLICATION FOR PRENEED AGENT/FUNERAL DIRECTOR

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>
 EMAIL: embalm@pr.mo.gov

APPLICATION FOR PRENEED AGENT	FOR OFFICE USE ONLY	
I hereby make application to the Missouri State Board of Embalmers and Funeral Directors, for registration under the laws of the State of Missouri, as a "Preneed Agent/Funeral Director":	LICENSE NUMBER	DATE LICENSED
	FEE RECEIVED	DATE DEPOSITED
	CHECK NO.	INITIALS

INSTRUCTIONS TO APPLICANT

Applicant must complete all applicable sections below. **No fee** is required with this application; mail the application to **Missouri State Board of Embalmers and Funeral Directors**

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.

PLEASE READ ALL CORRESPONDENCE THAT YOU RECEIVE FROM THE BOARD OFFICE, IT CONTAINS VERY IMPORTANT INFORMATION.

Please attach additional sheets where applicable.

PHOTO
(Required)

A. GENERAL INFORMATION

1. LAST NAME	FIRST NAME	MIDDLE NAME	(MAIDEN NAME IF APPLICABLE)	2. SOCIAL SECURITY NO. (REQUIRED)
3. PHYSICAL ADDRESS (STREET, CITY, STATE, ZIP)				4. TELEPHONE NUMBER
5. MAILING ADDRESS (STREET, CITY, STATE, ZIP)				6. DATE OF BIRTH
7. COUNTY OF RESIDENCE		8. E-MAIL ADDRESS		

B. EMPLOYMENT – Please list each licensed preneed seller for whom you are authorized to sell, negotiate, or solicit the sale of preneed contracts.

PRENEED SELLER NAME	ADDRESS (STREET, CITY, STATE, ZIP)	LICENSE NUMBER

C. Please list all licenses and numbers you currently hold with the State Board of Embalmers and Funeral Directors

TYPE OF LICENSE	LICENSE NUMBER

D. BACKGROUND INFORMATION (all applicants must complete this section.)

1. Have you ever applied for licensure or taken the examination for licensure in this or any other state or territory before making this application? Include all.	YES	NO
	<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? **If yes, attach a full explanation.**

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? **If yes, attach a full explanation.**

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? **If yes, attach a full explanation.**

5. Have you ever voluntarily surrendered or resigned any professional license, certification, registration or permit? **If yes, attach a full explanation.**

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)? **If yes, attach a full explanation and provide certified court documents (i.e. Docket Sheet, Information or Indictment, and Final Disposition).**

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? **If yes, attach a full explanation and provide certified court documents (i.e. Docket Sheet, Information or Indictment, and Final Disposition).**

8. Have you ever been adjudged mentally incompetent by a state or federal court? **If yes, attach a full explanation and provide certified court documents (i.e. Docket sheet, Complaint, and Final Disposition).**

9. Are you now being treated, or have you been treated within the past five years, through a drug or alcohol rehabilitation program? **If yes, attach a full explanation and provide discharge summary or other official documentation that shows your diagnosis, prognosis and treatment plan.**

E. Pursuant to Section 324.010 RSMo:

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.

False statements are subject to criminal penalties and/or license discipline.

If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail income@dor.mo.gov.

F. AFFIDAVIT OF APPLICANT

I, the above named applicant, being first duly sworn and upon my oath do hereby state the foregoing application has 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 attest to its truthfulness and hereby submit this application for a preneed agent registration to the State Board of Embalmers and Funeral Directors.

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).

NOTARY SECTION	APPLICANT SIGNATURE	NOTARY PUBLIC SEAL/STAMP
	PLEASE PRINT NAME	
STATE OF	COUNTY	
MISSOURI		
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.