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STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION

APPLICATION FOR PRENEED AGENT REGISTRATION

STATE BOARD OF EMBALMERS AND FUNERAL DIRECTORS
P.O. BOX 423, 3605 MISSOURI BOULEVARD
JEFFERSON CITY, MO 65102-0423
Telephone: (573) 751-0813 TTY (800) 735-2966
Website: http://pr.mo.gov/embalmers
Email: embalm@pr.mo.gov

PLEASE TYPE OR PRINT

I hereby make application to the Missouri State Board of Embalmers and Funeral Directors, for registration under the laws of the State of Missouri:

FOR OFFICE USE ONLY

PRE-LICENSE NUMBER	LICENSE NUMBER	DATE LICENSED
FEE RECEIVED	DATE DEPOSITED	CHECK/MO#
INITIALS		

INSTRUCTIONS TO APPLICANT

The complete application must be received along with the appropriate fee made payable to the State Board of Embalmers and Funeral Directors. **ALL FEES ARE NON-REFUNDABLE.**

Please check the box indicating the type of registration for which you are applying:

☐ Preneed Agent - $54 (Preneed Agent Application Fee $40 and Highway Patrol Background Check Fee $14.00)

☐ Preneed Agent Funeral Director - No Fee is required with this application; however, you must have an active Funeral Directors license.

Please attach additional sheets where applicable.

PHOTO (required)

A. APPLICANT DATA

LAST NAME	FIRST NAME	MIDDLE INITIAL/NAME

SOCIAL SECURITY NO. (REQUIRED)	DATE OF BIRTH (MM/DD/YY)

PREVIOUS NAMES	EMAIL ADDRESS (OPTIONAL)	TELEPHONE NUMBER

PHYSICAL ADDRESS - STREET	CITY	STATE	ZIP	COUNTY

MAILING ADDRESS - STREET	CITY	STATE	ZIP

B. List all licenses you currently hold with the State Board of Embalmers and Funeral Directors

TYPE OF LICENSE	LICENSE NUMBER

C. SELLER RELATIONSHIP – List each licensed preneed seller for whom you are authorized to seel, negotiate, or solicit the sale for preneed contracts once licensed.

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

D. BACKGROUND HISTORY - ALL APPLICANTS MUST COMPLETE THIS SECTION

	YES	NO
1. Have you ever applied for licensure in another state or territory before making this application? **If yes, include all on the table.**	☐	☐

TYPE OF LICENSE	WHAT STATE	DATE APPLIED	STATUS

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 and provide any relevant disciplinary documents.**	☐	☐
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 and provide any relevant documents.**	☐	☐
5. Have you ever voluntarily surrendered or resigned any professional license, certification, registration or permit? **If yes, attach a full explanation and provide any relevant discipline documents.**	☐	☐
6. Have you ever been finally convicted, adjudicated or found guilty, or entered a plea of guilty or nolo contendere of a violation of any federal, state or municipal laws or regulations, including drug or alcohol laws or regulations, whether or not a sentence was imposed (includes suspended imposition of sentence (SIS))? **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 used in excess any controlled substance or alcoholic beverage to an extent that such use impaired my ability to perform the work of my profession? **If yes, attach a full explanation and provide any relevant documents.**	☐	☐
8. Have you ever been treated for drug or alcohol addiction? **If yes, attach a full explanation and provide discharge summary or other official documentation that shows your diagnosis, prognosis and treatment plan.**	☐	☐
9. 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, Information or Indictment and Final Disposition.)**	☐	☐

E. TAX COMPLIANCE

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 tot the best of my knowledge and belief. I, the undersigned, have personally reviewed the information contained herein and attest to tis 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 IT MAY RESULT IN DENIAL OF THIS APPLICATION UNDER Sections 33.330.2(3) and (12).

MUST BE SIGNED IN PRESENCE OF NOTARY ▶		APPLICANT SIGNATURE	
STATE OF		COUNTY (OR CITY OF ST. LOUIS)	NOTARY PUBLIC EMBOSSER SEAL
SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF 20		**USE RUBBER STAMP IN CLEAR AREA BELOW**	
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES		
NOTARY PUBLIC NAME (TYPED OR PRINTED)			