



Cemetery Board
SALES PERSONNEL REGISTRATION FORM
Fee \$60.00 per cemetery affiliation

A check or money order payable to the **TREASURER OF VIRGINIA**,
 or a completed [credit card insert](#) must be mailed with your application package.
APPLICATION FEES ARE NOT REFUNDABLE.

1. Applicant's Name _____
 Last First Middle Generation
2. Provide **one** of the following identification numbers.
 Social Security Number or Virginia DMV Control Number *
 _____ - _____ - _____
 * State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.
3. Date of Birth _____
 MM/DD/YYYY
4. Mailing Address (PO Box accepted) _____

 City State Zip Code
5. Street Address (PO Box **not** accepted) Check here if Street Address is the same as the Mailing Address listed above.
PHYSICAL ADDRESS REQUIRED

 City State Zip Code
6. Email Address _____
7. Contact Numbers _____
 Primary Telephone Alternate Telephone Fax
8. Cemetery Company Name _____
 Enter name of cemetery company the salesperson will be employed by or affiliated with.
9. VA Cemetery Company License Number:

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 Expiration Date _____
10. Cemetery Information: Cemetery Name _____
 Mailing Address _____

 City State Zip Code
11. Cemetery Contact Numbers _____
 Primary Telephone Alternate Telephone
12. Compliance Agent's Name _____

OFFICE USE ONLY	DATE	FEE	TRANS CODE 1020	ENTITY #	FILE #/LICENSE # 4903	ISSUE DATE
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13. Do you hold a current or previous cemetery sales license, certification or registration in any state or jurisdiction within the United States or its territories (including Virginia)?

No

Yes

14. Have you ever been subject to a disciplinary action imposed by any (including Virginia) local, state or national regulatory body? This includes, but is not limited to, any monetary penalties, fines or disciplinary actions taken by any federal, state, or local regulatory agencies.

No

Yes If yes, please provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.

15. A. Have you been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **misdemeanor** within **five years** of the date this application is submitted? *Any plea of nolo contendere shall be considered a conviction.*

No

Yes If yes, list the **misdemeanor** conviction(s). Attach your original criminal history record* and any other information you wish to have considered with this application (i.e., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation; etc.). If necessary, you may attach a separate sheet of paper.

B. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **felony** or **crime of moral turpitude**, there being no appeal pending therefrom or the time for appeal having elapsed? *Any plea of nolo contendere shall be considered a conviction.*

No

Yes If yes, list the **felony** or **crime of moral turpitude** conviction(s). Attach your original criminal history record* and any other information you wish to have considered with this application (i.e., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation; etc.). If necessary, you may attach a separate sheet of paper.

* Original criminal history record may be obtained by contacting the Virginia State police. Applicants with convictions from other jurisdictions, other than Virginia must provide an original official criminal history record from each state/jurisdiction in which they have been convicted. Virginia residents may request complete criminal records from the Virginia State Police at www.vsp.virginia.gov or by phone at 804-674-6718.

16. Compliance Agent's Statement:

I, _____ authorize _____ to apply for a

Name of Compliance Agent

Applicant's Name

registration as sales personnel for the cemetery company and the cemetery location listed on this application.

Signature _____ Date _____

Signature of Compliance Agent

17. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I will notify the Department if I am subject to any disciplinary action or convicted of any felony or misdemeanor charges (in any jurisdiction) prior to receiving the requested license. I also certify that I understand, and have complied with, all the laws of Virginia related to cemetery company licensure under the provisions of Title 54.1, Chapter 23.1 of the *Code of Virginia* and the *Virginia Cemetery Board Regulations*.

Signature _____ Date _____
Sales Personnel's Signature