

Cemetery Board
COMPLIANCE AGENT/OFFICER/DIRECTOR CHANGE FORM
No Fee Required

1. Virginia Cemetery Company License Number:

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2. Cemetery Company Name _____

3. Trade (or Fictitious) Name _____

4. Select **one** of the following and provide the information below.

Business Federal Employer Identification Number (FEIN) ❖

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Federal Employer Identification Number (12-3456789)

❖ State law requires every applicant, *who is not a sole proprietor*, to provide a federal employer identification number. *Sole proprietors must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.*

Sole Proprietor's/Individual's Social Security Number *or*

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Social Security or Virginia DMV Number (123-45-6789)

Virginia Department of Motor Vehicles 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.

5. Mailing Address (PO Box accepted) _____

City _____ State _____ Zip Code _____

6. 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 _____

7. Email Address _____

Email address is considered a public record and will be disclosed upon request from a third party.

8. Contact Numbers _____

Primary Telephone _____ Alternate Telephone _____ Fax _____

9. Are you applying to change the firm's Compliance Agent?

No

Yes If yes, provide the following information:

A. **Current** Compliance Agent Name

Last _____ First _____ Middle _____ Generation _____

B. **New** Compliance Agent Name

Last _____ First _____ Middle _____ Generation _____

C. **New** Compliance Agent's Address _____

City _____ State _____ Zip Code _____

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			3055		49	

D. **New Compliance Agent's Identification Number***: (Provide at least one of the following.)

Social Security Number and/or

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Virginia DMV Control Number

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➤ Enter the same identification number as used on examination, previous applications or licenses on file with the department.

* 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.

E. **New Compliance Agent's Date of Birth** _____ (Must be at least 18 years of age.)

MM/DD/YYYY

F. Has the new Compliance Agent successfully completed a minimum of 4 hours of Board approved training courses?

No

Yes If yes, attach original Certificates of Completion of training courses.

G. Does the new Compliance Agent have two years experience in the cemetery business?

No

Yes

H. Has the **compliance agent** ever been subject to disciplinary action imposed by any (including Virginia) local, state or national regulatory body?

No

Yes If yes, complete the [Disciplinary Action Reporting Form](#).

I. Has the **compliance agent** listed on this application been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of **any misdemeanor involving 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, complete the [Criminal Conviction Reporting Form](#).

J. Has the **compliance agent** listed on this application ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of **any felony**? *Any plea of nolo contendere shall be considered a conviction.*

No

Yes If yes, complete the [Criminal Conviction Reporting Form](#).

10. Are you applying to change the firm's **officers or directors**?

No

Yes If yes, provide the following information:

A. List for **all** company officers and directors (i.e., the officers and/or directors of your association, the managers or members of your limited liability company, or the officers of your corporation):

Full Name	Address	Title	Date of Birth	Social Security No. or VA 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.

- B. Has any of the company **officers or directors** listed on this application ever been subject to disciplinary action imposed by any (including Virginia) local, state or national regulatory body?
 No
 Yes If yes, complete the [Disciplinary Action Reporting Form](#).
- C. Has any of the company **officers or directors** listed on this application ever been convicted in any jurisdiction 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, complete the [Criminal Conviction Reporting Form](#).
- D. Has any of the company **officers or directors** listed on this application ever been convicted in any jurisdiction of **any misdemeanor** within **five years** of the date this application? *Any plea of nolo contendere shall be considered a conviction.*
 No
 Yes If yes, complete the [Criminal Conviction Reporting Form](#).

11. 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 the compliance agent, directors or officers listed on this application are 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*.

Print Name _____ Title _____

Signature _____ Date _____

Officer, Director, or Compliance Agent