



Cemetery Board
TRUSTEE APPROVAL APPLICATION
No Fee Required

Cemetery company Perpetual Care or Preneed trust fund trustees that are **not** a Virginia trust company or trust subsidiary or a federally insured bank or savings institution doing business in the Commonwealth of Virginia, must be approved by the Cemetery Board prior to the transfer of funds.

1. Cemetery Company Name _____
Enter the company name as it appears on the license.

2. Virginia Cemetery Company License No.

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 Expiration Date _____

3. Type of Trust Perpetual Care Preneed

4. Name of Trustee _____

5. Trustee's Date of Birth (if applicable) _____ (Must be at least 18 years of age.)
MM/DD/YYYY

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

* 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.

7. Is the trustee a Business Entity?
 Yes
 No If no, please provide the following information; then skip to question #9.

Trustee's Employer: _____

Employer's Address: _____

City _____ State _____ Zip Code _____

8. Type of business entity (select only **one**)
 Sole Proprietorship Limited Partnership♦ Limited Liability Company♦ Other, please specify:
 Association General Partnership Corporation♦

State Corporation Commission Number: _____

♦ If your business is a **corporation, limited liability company, or limited partnership**, your business/trade name(s) must be registered with the Virginia State Corporation Commission. For additional information, contact the SCC at www.scc.virginia.gov or by phone at (804) 371-9733.

9. Trustee's Mailing Address _____

City _____ State _____ Zip Code _____

BOARD USE ONLY	DATE	SCC	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1020		4905	
			1020		4908	

10. Trustee Contact Person _____
11. Trustee Contact Person's Title _____
12. Contact Numbers _____
Primary Telephone
Alternate Telephone
Fax

13. Is the trustee a federally insured bank or savings institution?
 No If no, attach the appropriate *Fidelity Bond Form* with this application.
 Yes

14. Principals - Provide the following information for all company officers and directors (i.e., the sole proprietor, the partners of your partnership, the officers and/or directors of your association, the managers or members of your limited liability company, or the officers and/or director of your corporation):

Full Name	Address	Title	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.

15. Provide a detailed description (including dates) of experience the trustee has as an individual trustee or an agent for a firm responsible for the management of a trust. Please attach supporting documentation (i.e., resumes, references, etc.).

16. Has the **trust firm** and/or **principals** of the firm hold a current or previous trust, managed in Virginia or other jurisdictions?

- No
 Yes

17. Has the **trustee** or **any principals** listed on this application ever been subject to a disciplinary action imposed by any (including Virginia) local, state or national regulatory body?

- 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.

18. A. Has the **trustee** or **any principals** 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 within five years** of the date this application? *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. Has the **trustee** or **any principals** 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**, 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** 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.

19. During the past ten years, has the **trustee** or **any of the individuals** listed on this application had any outstanding judgments, outstanding tax obligations or defaults on bonds?

No

Yes If yes, provide an explanation of the situation, including the beginning balance, current balance, and payment arrangements:

20. Signature _____ Date _____
Trustee's Signature

21. 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 **trustee** or **any principal of the trust firm** are subject to any disciplinary action or convicted of any felony or misdemeanor charges (in any jurisdiction) prior to receiving the requested approval. 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 _____
Officer, Director or Compliance Agent

Required Attachment:

- The appropriate *Fidelity Bond Form* must accompany this application.