

Cemetery Board
SALES PERSONNEL REGISTRATION FORM
Fee \$40 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. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

 Last (required) First (required) Middle Generation

2. Provide at least **one** of the following identification numbers*:

☐ **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.

3. Date of Birth _____

MM/DD/YYYY

4. Maiden or Former Name(s) _____

5. Mailing Address (PO Box accepted)

The mailing address will be
 printed on the license.

 City State Zip Code

6. Street Address (PO Box not accepted)

PHYSICAL ADDRESS REQUIRED

☐ Check here if Street Address is the same as the Mailing Address listed above.

 City State Zip Code

7. Contact Numbers

 Primary Telephone Alternate Telephone Fax

8. Email Address _____

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

9. Cemetery Company Name _____

Enter name of cemetery company the salesperson will be employed by or affiliated with.

10. VA Cemetery Company License Number:

4	9	0	1						
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 Expiration Date _____

11. Cemetery Information: Cemetery Name _____

Mailing Address _____

 City State Zip Code

12. Cemetery Contact Numbers

 Primary Telephone Alternate Telephone

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1020		4903	

13. Compliance Agent's Name _____
14. 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 ☐
15. 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, complete the [Disciplinary Action Reporting Form](#).
16. A. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **felony**?
No ☐
Yes ☐ If yes, complete the [Criminal Conviction Reporting Form](#).
- B. Have you been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of **any misdemeanor involving fraudulent or dishonest acts within five years** of the date this application is submitted?
No ☐
Yes ☐ If yes, complete the [Criminal Conviction Reporting Form](#).
17. 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
18. By signing this application, I certify the following statements:
- I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
 - I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
 - I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may contact. I also agree to present any credentials or documents required or requested by the Department.
 - I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
 - I have read, understand and complied with all the laws of Virginia related to this profession 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