

**Cemetery Board**  
**CEMETERY SALES PERSONNEL TRANSFER APPLICATION**  
**Fee \$40.00**

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.**

\* You must hold a **non-expired** Virginia Cemetery Sales Personnel License to use this application. If your license has expired, you must **RENEW** or **REINSTATE** your license prior to submitting this application.

1. Enter your current Virginia Cemetery Sales Personnel License number and expiration date below.

Virginia License Number: 

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 Expiration Date \_\_\_\_\_

2. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

\_\_\_\_\_  
Last (required) First (required) Middle Generation

3. 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.

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.

**RESIDENTIAL (PHYSICAL)  
ADDRESS REQUIRED**

\_\_\_\_\_  
City State Zip Code

6. Contact Numbers

\_\_\_\_\_  
Primary Telephone Alternate Telephone Fax

7. Email Address

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

8. Cemetery Company information with whom your license will be **active**:

A. Cemetery Company Name

\_\_\_\_\_

B. Trade, "Doing Business As" (DBA), or Fictitious Name

\_\_\_\_\_

C. Virginia Cemetery Company License Number

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DO NOT INCLUDE DASHES (1234567890)

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			3020		4903	

D. Cemetery Company Mailing Address

City

State

Zip Code

E. Cemetery Company Street Address

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

**PHYSICAL  
ADDRESS REQUIRED**  
(PO Box **not** accepted)

City

State

Zip Code

F. Cemetery Company Contact Numbers

Primary Telephone

Alternate Telephone

Fax

G. Cemetery Company E-mail Address

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

9. Cemetery with whom your license will be **active**:

➤ **The Cemetery must be affiliated with the Cemetery Company listed in question 8 of this form.**

A. Cemetery Name

B. Virginia Cemetery License Number

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DO NOT INCLUDE DASHES (1234567890)

C. Cemetery Mailing Address

City

State

Zip Code

D. Cemetery Street Address

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

**PHYSICAL  
ADDRESS REQUIRED**  
(PO Box not accepted)

City

State

Zip Code

E. Cemetery Contact Numbers

Primary Telephone

Alternate Telephone

Fax

F. Cemetery E-mail Address

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

10. Have you ever been subject to a disciplinary action imposed by any (including Virginia) local, state, or national regulatory body?

No ☐

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

11. 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 the past five years?

No ☐

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

12. By signing this application, you acknowledge that if you are not a Virginia resident, or move outside of Virginia while you hold a Virginia Cemetery License, you understand that this application serves as a written power of attorney, whereby you appoint the Director of the Department of Professional and Occupational Regulation, and his/her successors in office, to be your true and lawful agent and attorney in-fact, in your stead, upon whom all legal process against and notice to you may be served and who is hereby authorized to enter an appearance on your behalf in any case or proceedings arising out of the trade or profession practiced; and that by submitting this application you hereby agree that any lawful process against you which is duly served on said agent and attorney-in-fact shall be of the same legal force and validity as if served upon you.

- 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. Furthermore, 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, including, but not limited to, any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
- I authorize the Department of Professional and Occupational Regulation (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 and 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*.

Cemetery Sales Personnel Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Compliance Agent or Designee Name \_\_\_\_\_

**The Compliance Agent or Designee must be affiliated with the Cemetery Company with whom your license will be active.**

Signature \_\_\_\_\_ Date \_\_\_\_\_