Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-0010
www.dpor.virginia.gov

Department of Professional and Occupational Regulation

Cemetery Board
COMPLIANCE AGENT DESIGNEE APPLICATION
No Fee Required

1. Cemetery Company Name _____

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

3. Virginia Cemetery Company License No. 4 9 0 1 _ _ _ _ _ _ Expiration Date _____

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. 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 Name _____

9. Compliance Agent Designee Name

Last _____ First _____ Middle _____ Generation _____

10. Compliance Agent Designee's Identification Number✳: (Provide at least **one** of the following.)

☐ ***Social Security Number*** *and/or* _ _ _ - _ _ - _ _ _ _

☐ ***Virginia*** DMV Control Number _ _ _ _ _ _ _ _ _

➢ 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.

11. Compliance Agent Designee's Address _____

City _____ State _____ Zip Code _____

12. Compliance Agent Designee's Date of Birth _____ (Must be at least 18 years of age.)
MM/DD/YYYY

13. Has the Compliance Agent Designee successfully completed a minimum of 2 hours of Board-approved training courses?

No ☐

Yes ☐ If yes, attach original certificates of completion of training courses or other documentation certifying completion of the course.

BOARD USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1020		4909	

14. Does the Compliance Agent Designee have two years **experience** in the cemetery business?

No ☐
Yes ☐

15. Does the Compliance Agent Designee hold any current or previous cemetery licenses/registrations from Virginia or any other jurisdictions?

No ☐
Yes ☐

16. Has the Compliance Agent Designee 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, complete the Disciplinary Action Reporting Form.

17. A. Has the Compliance Agent Designee 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***?

No ☐
Yes ☐ If yes, complete the Criminal Conviction Reporting Form.

B. Has the Compliance Agent Designee 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 dishonest or fraudulent acts*** in the preceding five years, there being no appeal pending therefrom or the time for appeal having elapsed?

No ☐
Yes ☐ If yes, complete the Criminal Conviction Reporting Form.

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 _____

Compliance Agent **Designee's** Signature

Signature _____ Date _____

Compliance Agent's Signature

BOTH SIGNATURES ARE REQUIRED.