

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. Provide **one** of the following identification numbers*:

☐ Business Federal Employer Identification Number (FEIN)

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

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☐ **Virginia** Department of Motor Vehicles Control Number

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

* State law requires every applicant, *who is not a sole proprietor or solely owned LLC*, to provide a federal employer identification number. *Sole proprietor or solely owned LLC* who do not have a FEIN must 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. A. Type of business entity (select only **one**)

☐ Sole Proprietorship ☐ General Partnership ☐ Solely Owned LLC ☐ Corporation

☐ Limited Partnership ☐ Limited Liability Company ☐ Other, please specify: _____

Other: Association, Business Trust, Government Agency, Joint Venture, Limited Liability Partnership, Non Profit, Professional Corporation, or Professional Limited Liability Company.

- B. State Corporation Commission (SCC) Number: _____ (If applicable)

➤ All businesses in Virginia must be registered with the SCC (including all out-of-state businesses). Firms/Businesses shall be organized as a business entity under the laws of the Commonwealth of Virginia or otherwise authorized to transact business in Virginia. No **person, partnership, limited liability company or corporation** shall conduct or transact business in this Commonwealth under any assumed or fictitious name unless register with the Virginia SCC.

For additional information, contact the SCC at www.scc.virginia.gov or by phone at (804) 371-9733.

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

9. Trustee's Mailing Address _____

 City State Zip Code

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

18. A. 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?
- No ☐
- Yes ☐ If yes, complete the [Criminal Conviction Reporting Form](#).
- B. 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 the application is submitted**?
- No ☐
- Yes ☐ If yes, complete the [Criminal Conviction Reporting Form](#).
19. During the past seven 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. 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) by the **trustee** or any **principal of the trust firm**.
- 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*.

Officer, Director or Compliance Agent Signature:

Print Name _____ Title _____

Signature _____ Date _____

Required Attachment:

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