

Verification of Association or Disassociation of a Preneed Sales Agent

NOTE: Pursuant to Rules section R156-9-402(10), a Funeral Service Establishment is obligated to notify DOPL within 10 days of the association or disassociation of a preneed sales agent.

SALES AGENT INFORMATION

Full Legal Name:

_____ *First* _____ *Middle* _____ *Last*

Mailing Address:

_____ *Street/PO Box* _____ *City* _____ *State/Zip*

License Number _____ State of Issue: _____

ESTABLISHMENT INFORMATION

To be completed by the Funeral Service Establishment.

Select One:

- I am/we are verifying the association of a licensed preneed sales agent.
- I am/we are verifying the disassociation of a licensed preneed sales agent, who was previously associated with us.
- I am/we are verifying the association of an unlicensed preneed sales agent.

NOTE: Provide this form to the applicant to submit to DOPL with his/her application for licensure. It is unlawful to employ a preneed sales agent prior to his/her becoming licensed. If the person is unlicensed, the field for effective date of association (*below*) should state "upon grant of license" and the field for agent license number (*above*) should read "to be applied for."

Name of Establishment: _____ License Number: _____

Name of Supervisor: _____ License Number: _____

Establishment Address: _____
Street/PO Box _____ *City* _____ *State/Zip*

Telephone Number _____

Email: _____

Effective Date of Association or Disassociation: _____

Will this agent be selling preneed contracts by use of insurance contracts? Yes No

I/We do hereby certify that the above information is accurate and that I/we have contracted with and/or employed the above named licensed preneed sales agent (or if unlicensed, subject to the obtaining of a preneed sales agent license).

Signature of Authorized Signer: _____ Date: _____

Printed Name of the Authorized Signer: _____

Position of Authorized Signer: _____