

# Verification of Association or Disassociation of a Preneed Sales Agent

## SALES AGENT INFORMATION

To be completed by the Intern:

**Full Legal Name:** \_\_\_\_\_  
First Middle Last

**Mailing Address:** \_\_\_\_\_  
Street/PO Box City State/Zip

**Email Address:** \_\_\_\_\_ **License Number:** \_\_\_\_\_

## ESTABLISHMENT INFORMATION

To be completed by the Funeral Service Establishment.

**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:** \_\_\_\_\_

I am verifying (Select One):

the disassociation of a preneed sales agent.

the association of:

a licensed preneed sales agent.

an unlicensed applicant for a preneed sales agent (**NOTE:** Provide this form to the applicant to submit to DOPL with their application for licensure. Supervision cannot begin until the agent is properly licensed.)

I 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 Funeral Service Director: \_\_\_\_\_ Date \_\_\_\_\_

**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.

This form may be submitted via email to: [B6@utah.gov](mailto:B6@utah.gov) or

**In person or via express delivery:**

Division of Occupational and Professional Licensing  
Heber M Wells Building, 1<sup>st</sup> Floor Lobby  
160 E 300 S  
Salt Lake City, UT 84111

**US Postal Service:**

Division of Occupational and Professional Licensing  
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