

Funeral Service Establishment and Preneed Funeral Arrangement Provider

APPLICANT INFORMATION

Business Legal Name: _____

**Note: If you are a Sole Proprietor, this is your legal name.*

Utah Division of Corporation
Registration Number: _____ IRS Employee ID
Number (EIN): _____

DBA (if applicable): _____ DBA Registration
Number: _____

Mailing Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

City _____ State _____ ZIP Code _____

You will receive all Division notices and communications at the following email.

Email: _____
Email Address is Required.

Company Phone: _____

Local Contact for Licensing Purposes: _____

Alternate Phone for Local Contact: _____

I understand that in all areas of this application the words “you”, “I” and “applicant” apply to the entity listed above and all subsidiaries, owners, qualifiers, and prior entities and DBA’s for which these individuals have been involved.

AFFIDAVIT AND RELEASE

1. I certify that I am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.
5. I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
6. I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.

Signature of Authorized Signer: _____ Date: _____

Printed Name and Position of the Authorized Signer: _____

GENERAL BUSINESS INFORMATION

Section 1: Please select entity type:

- Business Trust
- Corporation
- General Partnership
- Limited Liability Company
- Limited Partnership
- Limited Liability Partnership

- Sole Proprietorship
*If registered as sole proprietorship,
complete Section 2 below.*

Section 2: To be completed by Sole Proprietorship applicants only.

Full Legal Name: _____
First Middle Last

All Previous Legal Names: _____

Other DOPL Licenses Held: _____

SSN: _____ Date of Birth: _____ Gender: Male Female

Please Select ONE:

- I am a United States citizen OR a non-citizen of the United States who is lawfully present.
- I am a foreign national not physically present in the United States.
- None of the above, please explain: _____

Driver License

or State Id Card: _____
State of Issue License Number Expiration Date

NOTE: If you do not hold a US Driver's License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of lawful presence in the United States.

PROFESSIONAL LICENSES

List all other licenses, registrations or certifications issued by any state which you now hold or have ever held in any profession. (Use additional sheets if necessary.)

Profession: _____ License Number: _____

Issuing State: _____ License Status: _____ Issue Date: _____

FACILITY INFORMATION

Address and telephone of embalming, viewing or preparation location if different from mailing address:

Street Address (including Apt/Unit/Ste #) and/or PO Box _____

City _____ State _____ ZIP Code _____

FUNERAL DIRECTOR OF RECORD

Full Legal Name: _____
First Middle Last

Mailing Address: _____
Street/PO Box City State/Zip

License Number _____ State of Issue: _____

QUALIFYING QUESTIONNAIRE

Do not leave any question blank.

DOPL may request additional documentation if the information submitted is insufficient.

1. Yes No Have you EVER had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, resigned, or surrendered while under investigation, or otherwise **disciplined in any way**?
2. Yes No Do you CURRENTLY have **any criminal action active or pending**?
3. Yes No WITHIN THE PAST 10 YEARS, have you pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted of a misdemeanor** in any jurisdiction?
4. Yes No Have you EVER pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted of a felony** in any jurisdiction?

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached. If you answered "Yes" to questions 2,3, or 4 you must submit the following for EACH and EVERY incident:

- personal account of the incident
- court record(s)
- police report(s)
- probation/parole officer report(s)

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

NOTE:

- **DISCLOSE** charges that were later held in abeyance, diverted, reduced, or dismissed.
- **DISCLOSE** motor vehicle offenses such as driving while impaired or intoxicated. But you do not need to disclose minor traffic offenses such as parking or speeding violations.
- You do **not need to disclose** juvenile offenses, unless you were tried as an adult.
- **DISCLOSE** if you are restricted from possession, purchase, transfer, or ownership of a firearm or ammunition (even if your restriction is based on a non-reportable juvenile conviction).
- You do **not need to disclose** legally expunged or sealed criminal history incidents.

For more information, see DOPL's [criminal history FAQs](#).

PRENEED

Select one:

- This facility intends to engage in the sale of preneed funeral arrangements funded in whole or in part by an insurance policy or product.

Department of Insurance License Number: _____

Issue Date: _____ Expiration 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. Association/Disassociation forms are available on our website.

- This facility will not engage in the sale of preneed funeral arrangements funded in whole or in part by an insurance policy or product.

APPLICATION INSTRUCTIONS AND CHECKLIST

This checklist is for your convenience; you do not need to include it with your application.

NOTE: Incomplete applications will be denied.

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

ALL APPLICANTS

All applicants are required to submit following items to complete the application:

- \$250.00 non-refundable application-processing fee, made payable to "DOPL".
- Supporting documentation for any "yes" answers provided on the "Qualifying Questionnaire". See page 3 of the application for more information.

APPLICANTS WHO INTEND TO SELL PRENEED FUNERAL ARRANGEMENTS

If you intend to sell **Preneed Funeral Arrangements**, *in addition* to the items required for all applicants, you must submit:

- A copy of your insurance license.
- A copy of all forms of contracts or agreements that you will use in the sale of preneed funeral arrangements.
- File with the Division a "Verification of Association of Preneed Sales Agent" for each sales agent employed or contracted by the establishment. This form is available on [our website](#).

NOTE: Annual reports do not need to be submitted to DOPL, but must meet the requirements outlined in R156-9-615

Submit the above items with your completed application to:

In person or via express delivery:

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

US Postal Service:

Division of Occupational and Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741