



**State of Utah**  
**DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING**

160 East 300 South, P.O. Box 146741  
 Salt Lake City, Utah 84114-6741  
 Telephone (801) 530-6628  
[www.dopl.utah.gov](http://www.dopl.utah.gov)

**PRENEED FUNERAL ARRANGEMENT SALES AGENT (\$85.00 fee)**

*(Note: Microsoft Word users can download this form, fill in the blanks, print the form for submission and save it for their records)*

<b>***Please list your <u>full legal name</u> as it appears on your driver's license, Social Security Card, etc.***</b>				
Last Name:		First Name:		Middle Name:
Social Security Number:    -    -			Maiden Name:	
I certify under penalty of perjury that:				
<input type="checkbox"/> I am a citizen of the United States and I have a valid US Driver License or US State ID. License/State ID Number: _____ State: __				
<input type="checkbox"/> I am a citizen of the United States currently living outside the United States and do not have a valid US Drivers License or US State ID. Please attach a legible copy of your valid passport or other documentation to verify you are a legal citizen of the United States.				
<input type="checkbox"/> I am a non-citizen of the United States, who is lawfully present in the United States and I have a valid US Drivers License or US State ID. License/State ID Number: _____ State: __				
<input type="checkbox"/> I am a non-citizen of the United States, who is lawfully present in the United States and I do not have a valid US Drivers License or US State ID. Please attach a legible copy of your current and valid government issued document showing evidence of authorization to work in the United States.				
<input type="checkbox"/> I am a foreign national not physically present in the United States.				
Mailing Address:				
City:			State:	ZIP:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Phone #:	E-Mail:	
List all other licenses, registrations, or certifications issued by any state which you now hold or have ever held in any profession. <i>(Use additional sheets if necessary.)</i>				
Profession:		Issuing State:		
License Number:		License Status:	Issue Date:	
Profession:		Issuing State:		
License Number:		License Status:	Issue Date:	
Profession:		Issuing State:		
License Number:		License Status:	Issue Date:	
Profession:		Issuing State:		
License Number:		License Status:	Issue Date:	

**DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY**

License/Certificate Number: \_\_\_\_\_

Date License/Certificate Approved/Denied: \_\_\_/\_\_\_/\_\_\_\_\_

Approved/Denied By: \_\_\_\_\_

Reason for Denial/Other Comments: \_\_\_\_\_

**AFFIDAVIT and RELEASE AUTHORIZATION**

1. I certify that 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 its supporting document(s) is free of fraud, forgery, misrepresentation, omission of material fact; is truthful, correct, and complete; 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, institutions, organization, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, 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 of Occupational and Professional Licensing 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 sanction.

Signature of Applicant: \_\_\_\_\_ Date of Signature: \_\_\_/\_\_\_/\_\_\_\_\_

<b>EDUCATION REQUIREMENT:</b> <i>(Use additional sheets if necessary.)</i>			
School Name:	Dates Attended	From:	To:
Location:	Degree Received:		Date of Graduation:
School Name:	Dates Attended	From:	To:
Location:	Degree Received:		Date of Graduation:

<b>FUNERAL SERVICE ESTABLISHMENT ASSOCIATION:</b>			
Licensed Preneed Funeral Service Establishment:		License Number:	
Mailing Address:	City:	State:	ZIP:
Phone #:	E-Mail:		

## QUALIFYING QUESTIONNAIRE

**Read thoroughly, and answer the questions. Do not leave any question blank.**

(Note: If you have formally expunged a criminal record you do not need to disclose that criminal history.)

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Have you ever been denied the right to sit for a licensure examination?
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any profession licensing agency, or criminal or administrative jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency?
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your clients, or to the public health, safety, or welfare because of any circumstance or condition?
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Have you been terminated, suspended, reprimanded, sanctioned, or asked to leave voluntarily from a position because of drug use or abuse within the past five (5) years?
<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Are you currently using or have you recently ( <i>within 90 days</i> ) used any drugs ( <i>including recreational drugs</i> ) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Have you ever unlawfully used any drugs for which you have not successfully completed, or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated??
<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental or sexual abuse?
<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Do you currently have any criminal action pending?
<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	16. Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed ( <i>i.e. plea-in-abeyance or deferred sentence</i> )?
<input type="checkbox"/> Yes <input type="checkbox"/> No	17. Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?
	<p><b>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 13, 14, 15, 16, or 17, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).</b></p> <p><b>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.</b></p> <p><b>If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.</b></p> <p><b>A “Yes” answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.</b></p>

## VERIFICATION OF ASSOCIATION OR DISASSOCIATION OF PRENEED SALES AGENT

**TO BE COMPLETED BY THE FUNERAL SERVICE ESTABLISHMENT:**

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.

- A. I am/we are verifying the disassociation of a **licensed** preneed sales agent, who was previously associated with us.  
 Yes:  If yes, send this completed form directly to DOPL.
- B. I am/we are verifying the association of a **licensed** preneed sales agent.  
 Yes:  If yes, send this completed form directly to DOPL.
- C. I am/we are verifying the association of an **unlicensed** preneed sales agent.  
 Yes:  If yes, provide this form to the applicant to submit to DOPL with his/her application for licensure. Pursuant to Statute section 58-9-302(5) (f), an applicant must demonstrate at time of application for licensure that he/she will be associated with a licensed Funeral Service Establishment. It is unlawful to employ a preneed sales agent prior to his/her becoming licensed. If the person is unlicensed, the blank for effective date of association should state "upon grant of license" and the blank for license number should read, "to be applied for."

Name of Preneed Sales Agent: _____		
License Number of Preneed Sales Agent:	Effective Date of Association or Disassociation:	
Will this agent be selling preneed contracts by use of insurance contracts? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Responsible Licensed Funeral Service Director:		
Street Address:		
City:	State:	Zip:
License Number:	Telephone:	Email:

Name of Funeral Service Establishment:		
Street Address:		
City:	State:	Zip:
License Number:	Telephone:	Email:

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 their obtaining a preneed sales agent license).

Signature of Authorized Officer of  
 Preneed Funeral Service Provider: \_\_\_\_\_

Date of Signature: \_\_\_/\_\_\_/\_\_\_

## PRENEED FUNERAL ARRANGEMENT SALES AGENT

<b>Application Checklist</b> <i>(Applications with incomplete attachments will not be considered and may be denied.)</i>	
<input type="checkbox"/>	Submit a complete DOPL application form to the DOPL address below.
<input type="checkbox"/>	Submit a copy of your high school diploma or a copy of you GED equivalent.
<input type="checkbox"/>	Pass the <b>Utah Preneed Funeral Arrangement Sales Agent Law and Rule Examination</b> . DOPL’s testing provider will electronically send the results of your examination directly to DOPL. Applicants must apply directly to PSI Examination Services at <a href="http://www.psiexams.com">www.psiexams.com</a> or 1-800-733-9267 to register for the Law and Rule Examination. Submit the fees directly to the testing agency.
<input type="checkbox"/>	Submit a copy of your Utah Insurance Department license, if you will be selling preneed funeral arrangement to be funded in whole or in part by an insurance policy or product.
<input type="checkbox"/>	Submit Non Refundable Application Fee of \$85.00

1. **Social Security Number:** Your social security number is classified as a private record under the Utah Government Records Access and Management Act. If an SSN is not provided, the application is incomplete and may be denied.
2. **Address of Record:** The address you provide on this application will be your address of record. You are responsible to directly notify DOPL of any change to your address of record.
3. **Laws and Rules:** You are required to understand Utah laws and rules pertaining to your practice. The following laws and rules are available on the Internet at [www.dopl.utah.gov](http://www.dopl.utah.gov).
4. **Acceptable Forms of Payment:** Licensure fees can be paid by check or money order, made payable to “DOPL.” Cash and debit/credit cards (*American Express, MasterCard, and Visa*) are also accepted in person at DOPL’s main office – but not over the telephone.

5. **Mail Complete Application to:**

<b>By U.S. Mail</b>	Division of Occupational & Professional Licensing P.O. Box 146741 Salt Lake City, Utah 84114-6741
<b>By Express Mail or In Person</b>	Division of Occupational & Professional Licensing 1 <sup>st</sup> Floor Lobby 160 E 300 S Salt Lake City UT 84111-2305

6. **Telephone Numbers:**

(801) 530-6628  
(866) 275-3675 – Toll-free in Utah