

STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING
APPLICATION FOR LICENSURE
PRENEED FUNERAL ARRANGEMENT
SALES AGENT

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, **submit a complete application form including all applicable supporting documents and fees.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

Address of Record: The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record. Do not rely on a forwarding order.

Social Security Number: Your social security number is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a)(13). If an SSN is not provided, the application is incomplete and may be denied.

SUPPORTING DOCUMENTS AND FEES:

In addition to submitting a completed application, complete the following:

1. Submit a copy of your high school diploma or a copy of your GED equivalent.
2. Submit the “Verification of Preneed Sales Agent” form (*attached to this application*) completed by the preneed funeral arrangement provider for whom you intend to work.
3. Submit a completed “UTAH FUNERAL SERVICE LAW EXAMINATION” (*attached to this application*).
4. 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.
5. Submit an **\$85.00** non-refundable application-processing fee, made payable to “DOPL.”

Note: If you are using this application to reinstate your Utah preneed funeral arrangement sales agent license which has been expired for more than two years, you must also submit an additional \$50 reinstatement fee in addition to completing all other requirements outlined in this application. (*The total fee for reinstating a license expired more than two years is \$135.*)

ADDITIONAL IMPORTANT INFORMATION:

1. **Laws and Rules:** You are required to understand all Utah laws and rules pertaining to your pre-need practice. The following applicable laws and rules are available on the Internet at www.dopl.utah.gov:
 - Division of Occupational and Professional Licensing Act
 - General Rules of the Division of Occupational and Professional Licensing
 - Funeral Services Licensing Act
 - Funeral Services Licensing Act Rules
2. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to www.dopl.utah.gov to ensure you have the most recent version of these documents.
3. **Board Review:** Applications requiring board review will be presented to the board at the next scheduled board meeting.
4. **Temporary Licenses:** Temporary licenses are not issued.
5. **License Renewal:** All preneed sales agent licenses expire May 31 of each even-numbered year.

Unlike many other states, Utah's license renewal schedule **is not** based on the licensee's date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Approximately two months prior to the expiration date shown on the license, renewal information is disseminated to each licensee's last address of record, as provided to DOPL.

6. **Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive renewal notices or other correspondence. Address changes can be made online at www.dopl.utah.gov.
7. **Name Change:** If you have been licensed by DOPL under any other name, please submit documentation of your name change (*i.e. copy of a marriage license or divorce decree*).

8. **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.

9. **Mail Complete Application to:**

By U.S. Mail

Division of Occupational & Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111

10. **Telephone Numbers:** (801) 530-6628
(866) 275-3675 – Toll-free in Utah

11. **Fax Number:** (801) 530-6511

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APPLICATION FOR LICENSURE

GENERAL INFORMATION:

License Applying For: **PRENEED FUNERAL ARRANGEMENT SALES AGENT**

Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name: _____

Gender: Male Female Date of Birth: ____/____/____

Social Security Number: ____-____-____

I certify under penalty of perjury that I am a United States citizen or a qualified alien who is lawfully able to work in the United States.

Signature of Applicant: _____ Date: ____/____/____

Have You Ever Held A Utah License Before? Yes No

If Yes, Name of Profession: _____ License Number: _____

MAILING ADDRESS:

Street: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

Date License/Certificate Approved: ____/____/____

Approved By: _____

Date License/Certificate Denied: ____/____/____

Denied By: _____

Reason for Denial/Other Comments: _____

AFFIDAVIT FOR UTAH LAWS AND RULES

I understand that it is my responsibility to read and understand all statutes and rules pertaining to my preneed practice in Utah and I agree to comply with such.

Signature of Applicant: _____ Date: ___/___/___

EDUCATION REQUIREMENT: *(Use additional sheets if necessary.)*

Name: _____ Dates Attended: _____ To _____
Location: _____

Degree Received: _____ Date of Graduation: ___/___/___

Name: _____ Dates Attended: _____ To _____
Location: _____

Degree Received: _____ Date of Graduation: ___/___/___

LICENSES:

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

Issuing State: _____ Profession: _____

License Status: _____ License Number: _____ Effective Date: ___/___/___

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Issuing State: _____ Profession: _____

License Status: _____ License Number: _____ Effective Date: ___/___/___

FUNERAL SERVICE ESTABLISHMENT ASSOCIATION:

Licensed Preneed Funeral Service Establishment: _____

Address: _____

Telephone: _____ License Number: _____

FUNERAL SERVICE QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

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?
2. _____ Have you ever been denied the right to sit for a licensure examination?
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?
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 professional licensing agency or criminal or administrative jurisdiction?
5. _____ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency or governmental agency?
6. _____ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
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?
8. _____ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
9. _____ 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?
10. _____ Have you been terminated from a position because of drug use or abuse within the past five (5) years?
11. _____ Are you currently using or have you recently (*within 90 days*) used any drugs (*including recreational drugs*) 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?

(Continued on the next page.)

12. _____ Have you ever used any drugs 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, 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?
13. _____ Do you currently have any criminal action pending?
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.
15. _____ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
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.e. plea in abeyance or deferred sentence*)?
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?



If you answered “yes” to questions 13, 14, 15, 16, or 17 above, 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).

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.

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.



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.

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.

UTAH FUNERAL SERVICE LAW EXAMINATION

Answer each question. Do not leave any questions blank.

1. _____ Paying a hospice worker, police officer, nurse or doctor to secure a deceased human remain for disposition is “Unprofessional Conduct”?
 - a. False
 - b. True

2. _____ Failing to accurately document, report and supervise the activities of a funeral service intern is considered “Unprofessional Conduct”?
 - a. False
 - b. True

3. _____ It is the responsibility of the funeral service intern to notify the division of any change in the intern’s supervising funeral service director?
 - a. False
 - b. True

4. _____ Replacing body fluids in a dead human body with preserving and disinfecting chemicals is:
 - a. Calcination
 - b. Embalming
 - c. Entombing
 - d. Mummification

5. _____ Any goods or services selected in the preneed contract which are not provided at the time of need, and any earnings accumulated become the property of the sales agent or funeral service director?
 - a. False
 - b. True

6. _____ Within each 2 year licensing period, a funeral service director is required to complete 20 hours of continuing education?
 - a. False
 - b. True

7. _____ After an intern is determined to have sufficient experience, direct supervision is no longer required during the remainder of the internship.
 - a. False
 - b. True

(Continued on the next page.)

8. _____ Each funeral service establishment shall maintain an annual report of preneed trust funds and insurance?
 - a. False
 - b. True

9. _____ How much time does a provider or sales agent have to deposit cash payments for the purchase of a pre-need funeral arrangement?
 - a. 7 calendar days
 - b. 7 business days
 - c. 10 calendar days
 - d. 10 business days

10. _____ A funeral service director may supervise more than one intern at any given time?
 - a. False
 - b. True

11. _____ A funeral service intern may be denied further licensure if the internship period lasts longer than 4 years?
 - a. False
 - b. True

12. _____ The number of embalmings required for an intern's completion of the internship before qualification for licensure as a Funeral Director is:
 - a. 20
 - b. 40
 - c. 30
 - d. 50

AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division of Occupational and Professional Licensing in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division of Occupational and Professional Licensing or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

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

I authorize all persons, institutions, organizations, 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.

Signature of Applicant: _____

Date of Signature: ___/___/___

Printed Name of Applicant: _____

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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? Yes No

(Continued on the next page.)

Name of Responsible Licensed Funeral Service Director: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone: _____ License Number: _____

Name of Funeral Service Establishment: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone: _____ License Number: _____

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: ___/___/___