



**STATE OF MISSOURI**  
**DIVISION OF PROFESSIONAL REGISTRATION**  
**NOTICE OF INTENT**

**STATE BOARD OF EMBALMERS AND FUNERAL DIRECTORS**  
 3605 MISSOURI BLVD, P.O. BOX 423  
 JEFFERSON CITY, MISSOURI 65102  
 TELEPHONE: (573) 751-0813  
 TTY: (800) 735-2966  
 FAX: (573) 751-1155  
 E-MAIL: EMBALM@PR.MO.GOV

I HEREBY NOTIFY THE STATE BOARD OF EMBALMERS AND FUNERAL DIRECTORS OF MY INTENT TO APPLY FOR A LICENSE/REGISTRATION AS A PRENEED SELLER, PROVIDER OR SALES AGENT AS INDICATED BELOW PURSUANT TO EMERGENCY RULE.	<b>NO FEE - FOR OFFICE USE ONLY</b>	
	DATE RECEIVED	INITIALS
	TEMPORARY NUMBER _____ <input type="checkbox"/> Agent _____ <input type="checkbox"/> Agent/FD _____ <input type="checkbox"/> PNP _____ <input type="checkbox"/> PNS	

**INSTRUCTIONS**

Any person wishing to engage in the practice of preneed selling, providing or as a preneed sales agent must fully complete this form and provide it to the Board before engaging acting as a preneed seller, preneed provider or preneed sales agent.

- (1) This Notice of Intent shall serve as a temporary permit to practice until such time as the Applicant is either issued a license by the Board or the Board issues its notice of denial, or December 31, 2009, whichever comes first.
- (2) In addition, in order for this temporary permit to remain in effect, the Applicant must complete and file with the State Board his/her/its Application for full licensure/registration no later than October 31, 2009. If the Board has not received Application for licensure/registration by October 31, 2009, this temporary permit shall be deemed null and void.
- (3) A single Notice of Intent may be used for the same person or entity seeking multiple licenses/registration. However, a separate Notice of Intent shall be required for each person or entity. Any corporation or business entity must be authorized to transact business in Missouri.

If you have a disability and require accommodations addressed by the Americans with Disabilities Act, please notify this office at the time of application to insure that reasonable accommodations are made for your needs. Notification must be made in writing and mailed to the Missouri State Board of Embalmers and Funeral Directors, P.O. Box 423, Jefferson City, Missouri 65102. Notification of special needs must be received at least thirty (30) days in advance of any scheduled examination date. The text telephone number for the hearing impaired is (800) 735-2966.

PLEASE READ ALL CORRESPONDENCE THAT YOU RECEIVE FROM THE BOARD OFFICE, IT CONTAINS VERY IMPORTANT INFORMATION. CHECK THE BOARD'S WEBSITE FOR MORE INFORMATION AT [HTTP://WWW.PR.MO.GOV/EMBALMERS.ASP](http://www.pr.mo.gov/embalmers.asp)

PLEASE CHECK THE BOX OR BOXES INDICATING THE TYPE(S) OF LICENSES/REGISTRATIONS FOR WHICH YOU INTEND TO APPLY:

Preneed Agent (must be an individual)                       Preneed Agent/Funeral Director  
 Preneed Provider  
 Preneed Seller

**A. GENERAL INFORMATION**

1. LAST NAME	FIRST NAME	MIDDLE NAME	(OR CORPORATE/ENTITY NAME)	2. SOCIAL SECURITY NUMBER/MO EIN (REQUIRED)
3. PRESENT ADDRESS (STREET, CITY, STATE, ZIP)				4. TELEPHONE NUMBER
5. MAILING ADDRESS (STREET, CITY, STATE, ZIP)				6. EMAIL ADDRESS
7. COUNTY OF RESIDENCE		8. DATE OF BIRTH (IF INDIVIDUAL)		9. GENDER (IF INDIVIDUAL)

**B. IF A "YES" RESPONSE IS LISTED FOR QUESTIONS A THROUGH D; APPLICANT MUST PROVIDE A WRITTEN EXPLANATION ON A SEPARATE SHEET OF PAPER WITH THE APPLICANT'S SIGNATURE NOTARIZED.**

- a. Have you ever had a professional license disciplined in Missouri or any other state or territory? If yes, explain fully.  YES  NO
- b. Have you ever been finally adjudicated and found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of any state or of the United States whether or not sentence was imposed (includes suspended imposition of sentence (SIS)). If yes, explain fully.  YES  NO
- c. Have you ever been arrested, charged with or found guilty, or entered a plea of guilty or nolo contendere of a violation of any federal, state or municipal, drug or alcohol laws or rules whether or not sentence was imposed (includes suspended imposition of sentence (SIS)). If yes, explain fully.  YES  NO
- d. Have you ever been arrested, charged with, found guilty, or entered a plea of guilty or nolo contendere by a court (including a municipal court), pled guilty nolo contendere to any offense, whether sentence was imposed, including a suspended imposition of sentence (SIS)? If yes, explain fully.  YES  NO

**C. IF THE APPLICANT IS A CORPORATION/ENTITY PLEASE COMPLETE THIS SECTION**

REGISTERED AGENT (AS ON FILE WITH SECRETARY OF STATE) NAME AND ADDRESS	PERSON IN CHARGE OF BUSINESS
--	------------------------------

**D. IF YOU INTED TO APPLY FOR LICENSURE AS A PRENEED SELLER CHECK TYPE OF FUNDING**

CHECK ALL THAT APPLY  
 Trust     Joint Account     Insurance

**E. PLEASE LIST NAME(S) OF PRENEED TRUSTEE, INSURANCE COMPANY(IES), FINANCIAL INSTITUTION(S) HOLDING JOINT ACCOUNTS, AS APPLICABLE. (ATTACH PAGES, IF NEEDED)**


**F. IF YOU INTEND TO APPLY FOR REGISTRATION AS A PRENEED SALES AGENT, PLEASE LIST ALL PRENEED SELLERS INCLUDING NAMES AND ADDRESSES. (ATTACH PAGES, IF NEEDED)**

NAME	ADDRESS

**G. PLEASE LIST ALL FUNERAL DIRECTOR, EMBALMER AND/OR FUNERAL ESTABLISHMENT LICENSES AND NUMBERS CURRENTLY HELD.**

TYPE OF LICENSE	LICENSE NUMBER

**H. AFFIDAVIT OF APPLICANT**

I, \_\_\_\_\_, \_\_\_\_\_  
(APPLICANT SIGNATURE) (PLEASE PRINT NAME)

If corporation/entity: \_\_\_\_\_  
(TITLE)

being first duly sworn upon my oath, state as follows:

- That I have personally completed the foregoing application truthfully and completely, without omission;
- That all the information and answers contained in the foregoing application and any attachments thereto are true and correct to my best knowledge and belief; and
- That I realize that I made this affidavit knowingly and that any false statements or material omission herein subjects me to criminal penalties for making a false affidavit under Section 575.050, RSMo 2000, as supplemented.
- I certify that to the best of my knowledge I am eligible for licensure/registration.
- If I am signing on behalf of a corporation or other entity that I have full authorization to sign on behalf of the entity.

**NOTARY INFORMATION**

STATE OF MISSOURI	COUNTY
-------------------	--------

Subscribed and sworn before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

NOTARY PUBLIC SIGNATURE	COMMISSION EXPIRES	NOTARY PUBLIC SEAL/STAMP NOTARY PUBLIC EMBOSSER SEAL
NOTARY PUBLIC PRINTED NAME		

**NOTICE:** You MAY NOT sell pre-need contracts in Missouri after **August 28, 2009** unless you file this Notice of Intent with the Board and then apply and receive a license to be a preneed seller or preneed agent registration. All individuals soliciting and selling contracts on behalf of a preneed seller MUST register as a preneed agent. All prior seller and provider registrations are void as of **August 28, 2009**.  
You may file this Notice of Intent with the State Board by fax or by e-mail. It will be deemed filed when received, but the Board must also receive the signed original copy by mail or hand delivery.