

Office use only:
0639 41701 \$150.00 Preneed Certificate

Oregon Mortuary and Cemetery Board
800 NE Oregon Street, Suite 430
Portland OR 97232-2195

www.oregon.gov/MortCem
mortuary.board@state.or.us (email)
971-673-1507 phone
971-673-1501 fax

APPLICATION FOR PRENEED SALESPERSON REGISTRATION

As part of your application for an initial or renewed occupational or professional license, certification, or registration issued by the State of Oregon Mortuary and Cemetery Board (OMCB), it is mandatory that you provide your Social Security Number (SS #). The authority for this requirement is ORS 25.785, ORS 305.385, 42 USC § 405(c)(2)(C)(i), and 42 USC § 666(a)(13). Failure to provide your SS # will be a basis to refuse to issue or renew the license, certification, or registration. This record of your SS # will be used for child support enforcement and tax administration purposes (including identification) only, unless you authorize other uses of the number. Although a number other than your SS # appears on the face of the licenses, certificates, or registrations issued by OMCB, your SS # will remain on file with OMCB.

I hereby apply for a Preneed Salesperson Certificate of Registration in Oregon according to the provisions of ORS 97.931 and OAR 830-011-0070 of the OMCB Law, and submit the following information:

SECTION 1: Personal Information

Print Full Name: _____
(Last) (First) (Middle)

Residential Address: _____
(Street) (City & State) (Zip)

You are **REQUIRED** to provide all residences within the last ten years (including **current** residence). Please list below each residence along with the dates of residence. If necessary, please use a separate sheet of paper, including your name and signature.

Dates	Residential Street Address	City	State	Zip
mm/yy - mm/yy				
mm/yy - mm/yy				
mm/yy - mm/yy				

Home Phone # _____ Work Phone # _____

Mailing Address: _____

Personal Email Address: _____ Work Email Address: _____

Birthplace _____ **Date of Birth** _____

SS # _____ **Drivers License or ID # / State** _____

Have you ever used or been known by any other name(s)? Yes / No

If yes, list all names. Include aliases, maiden, married name(s): _____

Name to be printed on license: _____

Address to be printed on license (please check one): Residential Mailing Facility (see page 2)

(All Board correspondence will be mailed to the address printed on license.)

SECTION 2: References

List three personal references who are NOT related to you and who were NOT your employers, supervisors, co-workers or employees. (Include: name, address, zip code and DAYTIME telephone number with area code.)

1. _____

2. _____

3. _____

SECTION 3: Ten Year Employment Information

You are required to provide ALL previous employers within the last *ten years*. Please use a separate sheet of paper if necessary and include the following: company name, address, supervisor's name and telephone number with area code and dates of employment. (List full-time, part-time employers, and unemployment dates. If self-employed, supply the name of your business, address, and dates of self-employment.)

1. _____

2. _____

3. _____

SECTION 4: Facility Information

1. **Are you currently employed as a salesperson by a Certified Provider?** _____

(If you say **NO**, your application is considered incomplete and will be returned to the facility. "Salesperson" means an individual registered under ORS 97.931 and employed by a certified provider to engage in the sale of prearrangement or preconstruction sales contracts on behalf of the certified provider. Pursuant to this law, an applicant must be employed by a Certified Provider.)

2. **Name of Certified Provider as registered with the Department of Consumer Business Services:**

(Print name of facility) (Street) (City)

(If working for more than one facility, list each facility's name, supervisor's name and address on a separate sheet, and attach to application.)

3. **Name of Preneed Supervisor:**

(Print name of Supervisor) (telephone number)

SECTION 5: Background Information

You must answer completely and truthfully. (The mere presence of so-called “negative” information in your background is not automatically disqualifying. False statements and misrepresentations, whether by omission or commission, and whether with intent or no intent, are cause for refusal to issue an OMCB License, Certificate or Registration. The more forthright you are, the greater the likelihood your background will be completed in a timely and successful manner.)

You must sign, number and date the bottom of each supplemental page and / or document you provide.

If you fail to include all of the required information, staff will return your application as “Incomplete.”

1. Do you currently hold or have you **ever** held, or applied for, any type of occupational or professional license, certification, or registration in Oregon or any other state? **Yes or No:** _____
If “**Yes**,” list each one below and provide the current status of each.*

Licensee / Applicant Name	License Type	State	Status

2. As a licensee (or applicant) have you **ever** received a revocation reprimand, warning, violation, suspension, fine, cancellation (or denial) by any city, county or state licensing agency? **Yes or No:** _____
If “**Yes**,” you must provide a complete copy of all notice(s), order(s) or charging document(s), and your detailed, complete and accurate written account(s) of the facts and circumstances of each event.*
3. Have you **ever** been arrested, charged or cited for anything other than traffic violations? **Yes or No:** _____
(DUI / DUII is not a traffic violation.) If “**Yes**,” you must provide your detailed, complete and accurate written account(s) of the facts and circumstances of each arrest or cite (include any dismissals).* If possible, attach a copy of the Citation or Report.
4. Have you **ever** been convicted of, or are you currently charged with, committing a crime whether or not adjudication was withheld? **Yes or No:** _____

If you answer “**Yes**,” please attach to this application: a) a signed, dated written statement explaining the circumstances of each incident; b) a copy of the charging document; and c) a copy of the official document which demonstrates the resolution of the charges or any final judgments. If not attached, the application may be considered incomplete and returned.

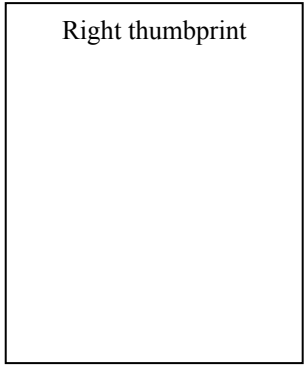
“Crime” includes a misdemeanor, felony or a military offense. (DUI / DUII is a criminal offense.)
“Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence, or a fine.

5. Have you **ever** entered into a diversion agreement? **Yes or No:** _____
If “**Yes**,” provide your written, detailed, complete and accurate account of all the facts and circumstances of each diversion agreement.*
6. Do you have any charges or legal matters that are currently unresolved? **Yes or No:** _____
If “**Yes**,” you must provide a detailed, complete and accurate written account of the facts and circumstances of each matter currently unresolved.*

* When necessary, for each of the questions above, attach additional sheet(s) of paper for your responses.

You must sign, number and date the bottom of each supplemental page and / or document you provide.

SECTION 6: Identification



Attach a photo here.

A photocopy of a photograph is not acceptable. Picture taken on or about _____, 20__.

AFFIRMATIVE ACTION

The Board is a health professional regulatory board as defined in ORS 676.160. Effective January 1, 2002, all health professional regulatory boards must maintain records of the racial / ethnic makeup of their applicants and licensees. Such boards must also endeavor to increase the representation of people of color and bilingual people on the boards and in the professions they regulate. Efforts to comply with these requirements must be reported to the Legislature on a biennial basis. Provision of the requested information is voluntary and not required. ORS 676.400(4). However, your voluntary cooperation will greatly assist the Board in its efforts to ensure universal access to high quality death care services in Oregon. This section does not appear in the renewal applications of those who have already provided racial and ethnic information.

Race / Ethnic Group (Please check all that apply.)

- Asian or Pacific Islander: Persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, The Philippine Islands, and Samoa.
 - African American (not of Hispanic origin): Persons having origins in any of the black racial groups of Africa.
 - Hispanic: Persons having origins in any of the Mexican, Puerto Rican, Cuban, Central or South American or other Spanish cultures, regardless of ethnicity.
 - Native American or Alaskan Native: Persons having origins in any of the original peoples of America, and who maintain cultural identification through tribal affiliation or community recognition.
 - Caucasian (not of Hispanic origin): Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
 - Other: _____
- LANGUAGES: Please list languages, other than English, in which you are proficient, including sign language.

Gender: Male Female

SECTION 7: Certification Please read the following before signing:

I hereby acknowledge that the foregoing information may be used in accordance with ORS 692.025(7), which provides that all applicants for licenses must consent to a background investigation. The information solicited may be from the Department of State Police, Department of Motor Vehicles, Credit information, personal references, previous employer interviews and other sources.

I authorize the use of my Social Security Number for obtaining necessary investigative background information.

I authorize an investigation of all statements made by me as well as my personal character, reputation and background which may include interviews of former employers, acquaintances and references, credit review, criminal record review, motor vehicle record review or other available information.

I understand that any misrepresentation or omission of fact on my application or supplementary background materials shall be cause for refusal to issue an Oregon License or Certificate.

I understand that a registration renewal is required for preneed salespeople. All preneed salesperson certificates of registration expire on March 1 of each even-numbered year. The Board shall mail to the certificate holder at the certificate holder's last-known address, a notice that the renewal fee is due and payable and that if the fee is not paid by the renewal date, the certificate shall lapse. The notice shall be mailed to each registered preneed salesperson on or before January 1 of each even-numbered year.

I understand that pursuant to 830-011-0070, it is the responsibility of the salesperson to keep the Board's office advised (in writing) of any address changes within 30 days of the change.

I understand that **a fee of \$150.00** must accompany this application, or the application will be considered incomplete and will be returned to the facility.

I understand that an incomplete application will be returned to the facility.

I understand that I **will not be eligible** to perform the duties of a Preneed Salesperson **until a Certificate of Registration is issued in my name by the Board's office.**

I certify that all statements I have made on this application and other supplementary materials are true and correct to the best of my knowledge and belief.

Finally, I agree to comply with Oregon's Laws and Administrative Rules pertaining to the Death Care Industry.

YOUR SIGNATURE MUST BE NOTARIZED.

(Signature of Applicant) (date)

Before me personally appeared _____ who is known
(print applicant's name)

to be the identical person who **signed** this application on this date _____, 20__.

NOTARY SEAL

(Signature of Notary Public)

(County / State)