

Office use only:
0639 41701 \$150 PN Initial Registration

Oregon Mortuary and Cemetery Board
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Portland OR 97232-2195

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mortuary.board@state.or.us
971-673-1507 phone
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License #: _____

INITIAL 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 Oregon Mortuary and Cemetery Board (Board), 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 the Board, your SS # will remain on file with the Board.

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 and submit the following information as evidence of my qualifications for such licensure:

SECTION 1: Personal Information

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

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): _____

Birthplace _____ **Date of Birth** _____

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

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

Personal Mailing Address: _____

Home Phone _____ **Work Phone** _____

Home Cell _____ **Work Cell** _____

Personal email _____ **Work email** _____

Name to be printed on license: _____

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

(The address printed on your license becomes the mailing address of record. For facilities, the mailing address on file will be used.)

SECTION 2: Ten Year Residential Information

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 (from-to)	Residential Street Address	City & State & Zip
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION 3: Ten Year Employment Information

You are REQUIRED to provide ALL FULL-TIME and PART-TIME employment information **for the last ten years**. You must include: dates of employment, company name / address, your position, your supervisor's name and current telephone number. *If self-employed*, provide the dates of self-employment, your business name and address. *If unemployed*, provide dates of unemployment. Please use a separate sheet of paper if necessary and sign and date each supplemental page.

Dates (from-to)	Business Name / Address	Position	Supervisor's Name & Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION 4: Facility Information

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

(If you leave blank, or 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 (CP) to engage in the sale of prearrangement or preconstruction sales contracts on behalf of the CP. Pursuant to this law, an applicant must be employed by a CP; please check to see if the name of the facility is listed with the Division of Financial Regulation as a Certified Provider: http://www4.cbs.state.or.us/ex/all/mylicsearch/index.cfm?fuseaction=search.show_search_name&group_id=20&profession_id=21&profession_sub_id=21000)

2 Facility Name of Certified Provider as registered with the Division of Financial Regulation:

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

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

3 Name of Preneed Supervisor:

(Print name of Supervisor) (telephone number)

SECTION 5: Background Information

PLEASE READ BEFORE ANSWERING THE QUESTIONS BELOW

You must answer completely and truthfully. The mere presence of so-called “negative” information is not automatically disqualifying. The Board considers all mitigating and aggravating circumstances when making decisions on applications that contain criminal or civil history. However, 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 Board has denied applications that contain misrepresentations about criminal or civil action history.** The more forthright you are, the greater the likelihood your background will be completed in a timely and successful manner.

An “Arrest” means taken into police custody, or issued a citation to appear in court for a crime, or charged with committing a crime. A "Crime" includes a misdemeanor, felony or a military offense (**DUI / DUIL, DWS Misdemeanor and DWS Felony are criminal offenses.**) "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 receiving probation, a suspended sentence, or a fine. **If you have any questions, please contact Board Staff prior to completing and submitting this application.**

QUESTIONS			CIRCLE THE CORRECT ANSWER
1. Do you currently hold or have you <u>ever</u> held, or applied for, any type of occupational or professional license, certification, or registration or business license in Oregon or any other state or country. If yes, please list them below.			YES
			NO
Licensee / Applicant Name	License Type	State/Country	<u>Status</u>
*2. Have you ever had any administrative, civil or criminal action taken against you, or your personal or business license, or had any such action initiated against you by <u>ANY</u> government entity including, but not limited to: municipal, county, state, tribal or federal / district courts or agencies?			YES
			NO
*3. Have you <u>ever</u> been arrested, charged or issued a citation for any offense / crime other than traffic violations?			YES
			NO
*4. Have you <u>ever</u> been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld?			YES
			NO
*5. Have you <u>ever</u> entered into a diversion agreement or placed on probation?			YES
			NO
*6. Do you have <u>any</u> ongoing criminal charges or civil legal matters that are currently unresolved?			YES
			NO

**** If you answered yes to any questions #2 through #6, you must provide a signed, dated, written statement explaining the circumstances of each incident. You must sign, number and date the bottom of each supplemental page and / or document you provide. If applicable, you will need to provide a copy of any court documents, law enforcement reports, and citations for non-traffic violations.***

SECTION 6: Identification

Attach a color photo or print here. (Smaller than 3" x 5")

(Please tape - do not staple photo to this sheet.)

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 / Ethnicity (Please mark the one box describing the race / ethnicity with which you identify.)

- American Indian or Alaskan Native** (I) (Non-Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America), and who maintain a tribal affiliation or community attachment.
- Asian** (A) (Non-Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Black or African American** (B) (Non-Hispanic or Latino): A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino** (H): A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race.
- Native Hawaiian or Other Pacific Islander** (P) (Non-Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** (W) (Non-Hispanic or Latino): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Two or more races** (T) (Non-Hispanic or Latino): Persons who identify with two or more racial categories named above.
- Languages: 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** in front of the Notary:

I understand that an applicant for a license or certificate must consent to a background check, including information solicited from the Department of State Police. ORS 692.025(8) I hereby acknowledge that the foregoing information may be used in accordance with ORS 692.025(8) 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, previous employer interviews, and other sources.

I authorize the use of my SS # for obtaining necessary investigative background information.

I authorize an investigation of all statements made by me, and of 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 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 will 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 OAR 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 an **incomplete application will be returned** to the facility.

I understand that **a fee of \$150** must accompany this application, or the application will be considered incomplete and 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 understand that **any misrepresentation or omission of fact, with or without intent, on my application or supplementary background materials is cause for refusal to issue an Oregon License or Certificate.**

I hereby declare that the information submitted on this application is true to the best of my knowledge and belief, and that I understand this application is made for use as evidence in court or a contested case hearing and is subject to penalty for perjury.

Finally, I agree to comply with Oregon's Statutes 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
(Notary prints applicant's name)

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

NOTARY SEAL

(Signature of Notary Public)

(County / State)