



APPLICATION FOR ORDER OF CERTIFICATION
Prerearrangement Plans
(As required by Oregon Administrative Rules 441-930-0210)

Registration fee: \$335

Mail application with payment to:
 DCBS — Fiscal Services
 P.O. Box 14610
 Salem, OR 97309-0445

1. Business name of applicant: _____
 DBA name (if applicable): _____

2. Business address (Post office box number not acceptable):
 Business address: _____
 City, state, ZIP: _____ County: _____
 Business phone: () _____ Cemetery Board License No.: _____
 (Provide a copy of current licenses. Must be in the same name as applicant.)

3. Mailing address, if different from above:
 P.O. Box or street address: _____
 City, state, ZIP: _____ County: _____

4. Trust depository name: _____
 Branch address (P.O. Box or street address): _____
 City, state, ZIP: _____ County: _____

5. Provide the following with your application:
 - a. A list of all officers, directors, and owners of 10 percent or more of the business.
 - b. The applicant's Social Security number, if the applicant is an individual or sole proprietorship.
 - c. The business, professional, or work history of all officers, directors, and 10 percent or more owners.
 - d. Proof of registration or good standing of the applicant's business name in the state or country under which it is organized.
 - e. The depositories the applicant intends to use for funds received from the sale of the prerearrangement plans.

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<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Phone: () _____	
_____ Credit card number	_____ Expiration date
_____ Name of cardholder as shown on credit card	
_____ Cardholder signature	\$ _____ Amount

Make check or money order payable to the Department of Consumer & Business Services. If paying by credit card, applicant must sign the credit card information box. Do *not* send cash.

FISCAL USE ONLY: 61260/1008 12104-0600

- f. *For providers who have not appointed a master trustee, financial statements including:* balance sheet, statement of income or loss, statement of changes in shareholder equity, and statement of changes in financial position. All financial statements must be prepared by an independent certified public accountant in accordance with generally accepted accounting procedures. If the audited financial statement is more than six months old, provide an internally prepared statement for the most recent month-end.
- g. A list of prearrangement plans to which the applicant was a party to at the date of application.

For each “Yes” answer to Questions 6, 7, and 8, attach details and provide a copy of the allegations. If applicable, also provide official documentation of the final disposition of the case(s).

- 6. Is the applicant or any of the persons listed herein or any person with power to direct the management or policies of the applicant the subject of any pending criminal prosecution or governmental enforcement action in any jurisdiction? Yes No
- 7. Has the applicant or any of the persons listed herein or any person with power to direct the management or policies of the applicant had a license (or its equivalent) to practice any profession or occupation denied, revoked, suspended, or otherwise acted against? Yes No
- 8. Has the applicant or any of the persons listed herein or any person with power to direct the management or policies of the applicant been convicted or found guilty, regardless of adjudication, of any crime involving fraud, dishonest dealing, or any other act of moral turpitude? Yes No

If the answer to Question 9 is “Yes,” attach a statement of the facts and the name and location of the court(s) in which the proceedings were held or are pending.

- 9. Is the applicant or has the applicant ever been the subject of any bankruptcy proceeding or had a judgment filed against it, or is such an action pending? Yes No
- 10. Describe the type of services and merchandise offered: _____

11. Is this business a nonprofit memorial society charging a membership fee of less than \$100? Yes No

12. Is this business an endowment care cemetery? Yes No

If “Yes,” complete the following:

- Do you sell graves, crypts, or niches in existence at the time of the sale or agreement to sell? Yes No
- Do you sell crypts or niches **not in existence** at the time of the sale or agreement to sell? Yes No
- Do you sell burial vaults or markers for installation? Yes No

The undersigned, being first duly sworn, deposes as follows:

Application is hereby made for an Order of Certification as provided for in OAR 441-930-0210, to engage in business as a seller of preneed plans, services, and merchandise. I hereby affirm that the above information is true and correct and acknowledge that any misstatement may cause the director of the Department of Consumer and Business Services to initiate proceedings against the certified provider.

To be completed by notary:

State of _____ County of _____

Print name of officer, director, or agent: _____

Subscribed and sworn before me _____

this _____ day of _____, 20_____.

Signature notary public: _____

My commission expires: _____.

(SEAL)

Title of applicant (Type or print): _____

Signature: _____

Date: _____