



Cemetery Board
COMPLIANCE AGENT/OFFICER/DIRECTOR CHANGE FORM
No Fee Required

1. Virginia Cemetery Company License Number:

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2. Cemetery Company Name _____
3. Trade (or Fictitious) Name _____
4. Provide **one** of the following identification numbers*:

Business Federal Employer Identification Number (FEIN)

Federal Employer Identification Number (12-3456789)											

Sole Proprietor's/Individual's Social Security Number **or**

Social Security or Virginia DMV Number (123-45-6789)											

Virginia Department of Motor Vehicles Control Number

- Enter the same identification number as used on previous applications or licenses on file with the department.
- * State law requires every applicant, *who is not a sole proprietor or solely owned LLC*, to provide a federal employer identification number. *Sole proprietor or solely owned LLC* who do not have a FEIN must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

5. Mailing Address (PO Box accepted) _____

City _____ State _____ Zip Code _____

6. Street Address (PO Box not accepted) Check here if Street Address is the same as the Mailing Address listed above.

PHYSICAL ADDRESS REQUIRED

City _____ State _____ Zip Code _____

7. Contact Numbers _____

Primary Telephone _____ Alternate Telephone _____ Fax _____

8. Email Address _____

Email address is considered a public record and will be disclosed upon request from a third party.

9. Are you applying to change the firm's Compliance Agent?

No

Yes If yes, provide the following information:

A. **Current** Compliance Agent Name

Last _____ First _____ Middle _____ Generation _____

B. **New** Compliance Agent Name

Last _____ First _____ Middle _____ Generation _____

C. **New** Compliance Agent's Address _____

City _____ State _____ Zip Code _____

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			3055		49	

D. **New Compliance Agent's Identification Number***: (Provide at least **one** of the following.)

Social Security Number and/or

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Virginia DMV Control Number

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➤ Enter the same identification number as used on examination, previous applications or licenses on file with the department.

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the **Virginia** Department of Motor Vehicles.

E. **New Compliance Agent's Date of Birth** _____ (Must be at least 18 years of age.)

MM/DD/YYYY

F. Has the new Compliance Agent successfully completed a minimum of 2 hours of Board approved training courses?

No

Yes If yes, attach original Certificates of Completion of training courses.

G. Does the new Compliance Agent have two years **experience** in the cemetery business?

No

Yes

H. Has the **Compliance Agent** ever been subject to **disciplinary action** imposed by any (including Virginia) local, state or national regulatory body?

No

Yes If yes, complete the [Disciplinary Action Reporting Form](#).

I. Has the **Compliance Agent** listed on this application ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of **any felony**?

No

Yes If yes, complete the [Criminal Conviction Reporting Form](#).

J. Has the **Compliance Agent** listed on this application been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of **any misdemeanor involving dishonest and fraudulent acts**, in the preceding five years, there being no appeal pending therefrom or the time for appeal having elapsed?

No

Yes If yes, complete the [Criminal Conviction Reporting Form](#).

10. Are you applying to change the firm's **officers or directors**?

No

Yes If yes, provide the following information:

A. List for **all** company officers and directors (i.e., the officers and/or directors of your association, the managers or members of your limited liability company, or the officers of your corporation):

Full Name	Address	Title	Date of Birth	Social Security No. or VA DMV Control Number*

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

- B. Have any of the company **officers or directors** listed on this application ever been subject to disciplinary action imposed by any (including Virginia) local, state, or national regulatory body?
 No
 Yes If yes, complete the [Disciplinary Action Reporting Form](#).
- C. Have any of the company **officers or directors** listed on this application been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States, of **any felony or crime involving dishonest or fraudulent acts**, there being no appeal pending therefrom or the time for appeal having elapsed?
 No
 Yes If yes, complete the [Criminal Conviction Reporting Form](#).
- D. Has any of the company **officers or directors** listed on this application ever been convicted in any jurisdiction of **any misdemeanor within five years** of the date the application is submitted?
 No
 Yes If yes, complete the [Criminal Conviction Reporting Form](#).

11. By signing this application, I certify the following statements:

- I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
- I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
- I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may contact. I also agree to present any credentials or documents required or requested by the Department.
- I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
- I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 23.1 of the *Code of Virginia* and the *Virginia Cemetery Board Regulations*.

Officer, Director, or Compliance Agent Signature:

Print Name _____ Title _____

Signature _____ Date _____