



## ***New Jersey Office of the Attorney General***

Division of Consumer Affairs  
New Jersey Cemetery Board  
124 Halsey Street, 6th Floor, P.O. Box 45036  
Newark, New Jersey 07101  
(973) 504-6553

### **Instructions for Initial Cemetery Salesperson's License**

Each applicant for an initial Cemetery Salesperson's License must submit the following:

**1. Application Form**

This application must be **completed entirely** and signed by the applicant.

**2. Face Photo**

The applicant must submit a two inch by two inch (2" x 2") face photograph, in good condition, and taken within the last year.

**3. Criminal History**

This section of the application must be **completed entirely** if the applicant has been arrested for a criminal offense and signed by the applicant.

**4. A nonrefundable Application Filing Fee of \$35.00 and \$5.00 Temporary License Fee**

A check or money order made payable to the "State of New Jersey" in the amount of \$40.00 (\$35.00 a nonrefundable Application Filing Fee and \$5.00 Temporary License Fee).

**5. Certification**

This form must be completed in its entirety by all applicants.

**6. Certification and Authorization Form**

This form must be completed in its entirety by all applicants.

**7. Designation of Agent**

This form must be completed only if the applicant resides outside New Jersey.

All forms must be completely filled out. An application is not complete until all of the required materials, information and remittances have been received.

Upon receipt of a completed application, the Board will issue a temporary license for a period of 60 days (unless there are clear reasons for not issuing a temporary license). If the applicant is found to be qualified upon conclusion of the Board's review of the application and investigation, the license will be sent to the cemetery and the cemetery will forward it to the licensee.

Attach a clear, full-face passport-style photograph (2"x 2") of your head and shoulders, taken within the past six months.

A photo is required with each application.

Do not use staples to attach the photo.



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**Application for a Cemetery Salesperson's License**

**Print or type all information.**

Date: \_\_\_\_\_

A nonrefundable application filing fee of \$35.00 (and a \$5.00 temporary license fee), in the form of a check or money order made payable to the State of New Jersey, must be submitted with this application. (Applicants should understand that if the fees are paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the licensure or certification process will be delayed until the fees are paid.)

The Division is precluded by law from disclosing to the public the place of residence of licensees or applicants, without their consent. However, you are required to provide an address that may be released to the public in our directories or in response to other requests (by putting a check in the appropriate box). If you provide your place of residence as your public address of record, we will assume that you have consented to have that address be disclosed. If you do not consent to the disclosure of your place of residence, you should provide an address of record other than your place of residence that may be released to the public. One of your addresses must include a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

**Please print clearly. You must answer all of the questions on this application.**

**Personal Information**

Date of birth: \_\_\_\_\_  
Month Day Year

Place of birth: \_\_\_\_\_  
City State

1. Name  Mr. \_\_\_\_\_ ( \_\_\_\_\_ )  
 Mrs. \_\_\_\_\_  
 Ms. \_\_\_\_\_  
Last name First name Middle initial Maiden name

2. Address

Home: \_\_\_\_\_  
Street or P.O. Box City State ZIP code County

\_\_\_\_\_  
Telephone number (include area code) E-mail address

Cemetery: \_\_\_\_\_  
Name of cemetery Telephone number (include area code)

\_\_\_\_\_  
Street City State ZIP code County

Mailing: \_\_\_\_\_  
Street or P.O. Box City State ZIP code County

3. Social Security Number

You **must** provide your Social Security number to the Board or Committee. Failure to do so will result in denial/nonrenewal of licensure or certification.

\*Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7,60.8 and 60.9, the Board or Committee is required to obtain your Social Security number. Pursuant to these authorities, the Board or Committee is also obligated to provide your Social Security number to:

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records; and
- b. the Probation Division or any other agency responsible for child support enforcement, upon request.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

- U.S. citizen
- Alien lawfully admitted for permanent residence in U.S.
- Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

5. Child Support (**You must answer a, b, c and d.**)

Please certify, under penalty of perjury, the following:

- a. Do you currently have a child-support obligation?  Yes  No
  - (1) If “Yes,” are you in arrears in payment of said obligation?  Yes  No
  - (2) If “Yes,” does the arrearage match or exceed the total amount payable for the past six months?  Yes  No
- b. Have you failed to provide any court-ordered health insurance coverage during the past six months?  Yes  No
- c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding?  Yes  No
- d. Are you the subject of a child-support-related arrest warrant?  Yes  No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of “Yes” to any of the questions a(1) through d will result in a denial of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

\_\_\_\_\_  
Applicant's name (please print)

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

6. Have you ever changed your name?  Yes  No  
 If "Yes," please submit with this application a copy of the marriage certificate, divorce decree or court order.
7. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.)  Yes  No
8. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury.  Yes  No  
 If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)
9. Do you currently hold, or have you ever held, a professional license or certificate of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction  Yes  No

If "Yes," for each license or certificate held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please provide that name. \_\_\_\_\_

		Last name	First name	Middle initial
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired	
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired	
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Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired	

10. Have you ever been disciplined or denied a professional license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No
11. Have you ever had a professional license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No
12. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No
13. Have you ever been named as a defendant in any litigation related to practice as a cemetery salesperson or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No
14. Are you aware of any investigation pending against a professional license or certificate issued to you by a professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No
15. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No
16. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to practice as a cemetery salesperson or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No

If the answer to any of the above questions, numbers 10 through 16, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

## Employment

Kindly indicate the appropriate responses to each questions below. In the event the response to any questions is "Yes", please explain below in detail your position and duties and whether these duties are full or part-time.

1. List cementeries and/or agents with which affiliated during the last five years (if any):

<u>Name</u>	<u>Address</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Have you been employed in cementery sales for five years or more?  Yes  No  
If "Yes," please submit details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Are you currently engaged, directly or indirectly, in the conduct of any funeral home or in the business or profession of mortuary science?  Yes  No

4. Are you employed as an officer, superintendent, manager or clerk of a cementery company?  Yes  No  
If you answered "Yes" to this question and question 3, please explain here:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# CERTIFICATION

I, \_\_\_\_\_, in making this application to the New Jersey Cemetery Board for licensure, certify that I am the applicant, that all of the information I have provided is true and that I will **not** engage during active licensure as a cemetery salesperson in any activity prohibited by N.J.S.A. 45:27 -16c, which includes, indirectly or directly:

- i. The manufacture or sale of memorials;
- ii. The manufacture or sale of private mansoleums;
- iii. The manufacture or sale of vaults, including vaults installed in a grave before or after sale and including vaults joined with each other in the ground; and
- iv. The conduct of any funeral home or the business or profession of mortuary science.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

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Signature of applicant

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Date

**Official Use Only**

Dual License

License Type 1

Applicant's Number

License Type 2

Applicant's Number



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Resubmit

Board or Committee

**CERTIFICATION AND AUTHORIZATION FORM  
FOR A CRIMINAL HISTORY BACKGROUND CHECK**

**Directions:** Answer all of the questions on this form.

1. Name  Mr. \_\_\_\_\_ ( \_\_\_\_\_ )  
 Mrs. Last First Middle Maiden Name  
 Ms.

2. Address \_\_\_\_\_  
Street or P.O. Box City State ZIP code

3. Date of birth \_\_\_/\_\_\_/\_\_\_ Sex:  Male  Female  
Month Day Year

4. Social Security number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

5. Have you completed the fingerprinting process for any **Board or Committee of the New Jersey Division of Consumer Affairs** since November 2003?  Yes  No

If "No," you will receive a separate mailing from the Board or Committee regarding the criminal history record background check process. No payment is necessary as of now.

If "Yes," please provide the following information and follow the instructions outlined below:

\_\_\_\_\_  
Board or committee requiring the fingerprinting

\_\_\_\_\_  
Month and year you were fingerprinted

6. Have you ever been arrested and/or convicted of a crime or offense? (Minor traffic offenses such as a parking or speeding violations need not be listed.)  Yes  No

**Every such conviction on record must be disclosed.** A true copy of every police report, judgment of conviction, sentencing order and termination of probation order, if applicable, **must** be submitted with this form. Any documents (including employer or supervisor letters of reference, if applicable) which present clear and convincing evidence of rehabilitation **must** be submitted with this form. **Failure to follow these instructions may result in the denial of an initial application.**

**Note:** Copies of judgments, sentencing and termination of probation orders may be obtained from the clerk of the county where those orders, disposing of the conviction, were issued and filed.

**Your continuing responsibility to disclose convictions of crimes or offenses:** You **must** notify the Board or Committee within five (5) business days if you are convicted of any crimes or offenses after this form has been completed.

## CERTIFICATION

I, \_\_\_\_\_, in making this application to the Board or Committee for certification or licensure, certify that I am the applicant and that all of the information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or licensure or to withhold renewal of or suspend or revoke a certificate or license issued by the Board or Committee.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification or licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board or Committee.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

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Signature of applicant

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Date



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**Designation of Agent to Accept Service of Process**

**KNOW ALL MEN BY THESE PRESENT:** That the undersigned do(es) hereby constitute and appoint the New Jersey Cemetery Board, and its successors in office, true and lawful agent and attorney in this State upon whom all original process in any action or legal proceeding, pertaining to P.L. 1971, Chapter 333, against the undersigned may be served; and provided further, the undersigned do(es) hereby irrevocably consent that suits and actions may be commenced against the undersigned in the courts of this State by the service of process or any pleading upon the Board, in the usual manner provided for service of process and pleading by the statutes and Court Rules of this State. Such service shall be valid and binding as if service had been made personally upon the undersigned.

**IN WITNESS WHEREOF**, the undersigned has placed his hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Print name of licensee  
\_\_\_\_\_  
Signature of licensee  
\_\_\_\_\_  
Address of licensee

**Please  
Affix  
Official  
Seal  
Here**