Reset Form

APPLICATION FOR CERTIFICATE OF AUTHORITY

State Form 48961 (R4 / 4-14)
Pursuant to IC 30-2-13-33.

STATE BOARD OF FUNERAL & CEMETERY SERVICE
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-3031
E-mail: pla12@pla.in.gov
www.pla.IN.gov

INSTRUCTIONS: Do not use this form to renew your Certificate of Authority.

* Your Social Security number is being requested by this state agency in accordance with IC 4-1-8-1. Disclosure is mandatory and this record cannot be processed without it.

"Seller" means a person, a firm, a limited liability company, a corporation, an association, or a partnership contracting to provide services or merchandise, or both, to a named individual or contracting to provide or sell both a contract and a funding mechanism to be used in conjunction with the purchase or services or merchandise. (IC 30-2-13-10)

Name of seller	Telephone number ( )
Business address of seller (*number and street, city, state, and ZIP code*)	E-mail address

I hereby affirm that the above named seller is of good moral character, operates using fair business practices, and has not been convicted of a criminal offense.

If this application is being filed due to the purchase of a previously licensed funeral home / cemetery, provide the name of the previous funeral home / cemetery.

Address of previously licensed funeral home / cemetery (*number and street, city, state, and ZIP code*)

The following persons have authority to directly represent the above named seller as agents:

NAME	ADDRESS *(number and street, city, state, and ZIP code)*	SOCIAL SECURITY NUMBER *

I certify that I personally completed this application, and that the information hereon is true and correct to the best of my knowledge and belief. I understand that providing fraudulent information may be grounds for refusal to issue the license for which I am applying or for disciplinary action against the license which may be issued.

Signature of seller or partner or officer of seller	Date (*month, day, year*)
Printed name of individual signing	Title of individual signing