

# Wisconsin Department of Safety and Professional Services

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## CEMETERY BOARD

### NOTICE OF TERMINATION OF EMPLOYMENT OF CEMETERY SALESPERSON OR PRENEED SELLER

#### NO FEE REQUIRED

<b>Section A: Employee's Information</b>			
<b>Last Name</b> <input type="text"/>	<b>First Name</b> <input type="text"/>	<b>MI</b> <input type="text"/>	<b>Date of Birth</b> <input type="text"/> / <input type="text"/> / <input type="text"/>
<b>Address</b> (street, city, state, zip) <input type="text"/>			<b>Daytime Telephone Number</b> <input type="text"/> - <input type="text"/> - <input type="text"/>
<b>License Number</b> <input type="text"/>	<b>Type of License</b> <input type="checkbox"/> Cemetery Preneed Seller <input type="checkbox"/> Cemetery Salesperson		

<b>Section B: Employing Entity's Information</b>	
<b>Type of Employing Entity:</b> (check one) <input type="checkbox"/> Cemetery Authority (for Salesperson) <input type="checkbox"/> Preneed Seller/Employer (for Preneed Seller)	
<b>Name Exactly as it Appears on License</b> <input type="text"/>	<b>Main Office Telephone Number</b> <input type="text"/> - <input type="text"/> - <input type="text"/>
<b>Entity's Main Office Address</b> (street, city, state, zip) <input type="text"/>	<b>License Number</b> <input type="text"/>

<b>Section C: The following statement must be signed by the employee or a representative from the employing entity indicated above.</b>	
The employee listed above has or will terminate employment as a Cemetery Preneed Seller or Cemetery Salesperson, effective on the following date: <input type="text"/> / <input type="text"/> / <input type="text"/>	
Print name of the employee or employing entity terminating employment:	<input type="text"/>
Signature of person listed above:	<input type="text"/>
Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>