

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsp@wisconsin.gov
Website: <http://dsp.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

APPLICATION FOR TRANSFER OF CEMETERY PRENEED SELLER LICENSE (NO FEE REQUIRED)

APPLICANT: Complete top portion of this form and forward to Preneed Seller/Employer.			
Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Former / Maiden Name(s) <input type="text"/>
Address at which you reside: (A Post Office Box alone is not sufficient for licensing. You must list street, city, state, zip.) <input type="text"/>			
Date of Birth <input type="text"/>	Daytime Telephone Number <input type="text"/>	Preneed Seller License Number <input type="text"/>	
Reason for completing this form: (place a check mark in front of one of the following and fill in the blank, if applicable) <input type="checkbox"/> I am transferring from the employment of <input type="text"/> to the Preneed Seller listed below. <input type="checkbox"/> I will work for more than one Preneed Seller Employer and the Preneed Seller listed below is in addition to the Preneed Seller Employer(s) the Department already has on record. I declare that the answers set forth are true and correct to the best of my knowledge and belief, and I understand that failure to comply with the license law or rules and regulations of the Wisconsin Department of Safety and Professional Services will be cause for disciplinary action. <input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/>			
Applicant Signature		Date	

PRENEED SELLER/EMPLOYER: Complete section below and return directly to DSPS. You may fax/email with facility cover sheet/letter to: (608) 261-7083 or DSPSCREDCemetery@wisconsin.gov .	
Name of Employer: (exact name as it appears on the employer's license) <input type="text"/>	
License Number of the Employing Preneed Seller Named Above: <input type="text"/>	Main Office Telephone Number <input type="text"/>
Business Address of the Main Office of the Employing Preneed Seller: (street, city, state, zip) <input type="text"/>	
This statement must be signed by a corporate officer of the employing Preneed Seller. This is to certify that I will assume responsibility for the applicant pursuant to the Department rules. <input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/>	
Signature of Corporate Officer of the Employing Preneed Seller	Date
<input type="text"/>	
Title	