

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

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

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

Section C: The following statement must be signed by the employee or a representative from the employing entity indicated above.	
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: (If unable to provide a digital signature print and sign form.)	<input type="text"/>
Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>