

Wisconsin Department of Safety and Professional Services

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CEMETERY BOARD

NOTICE OF TRANSFER OF CEMETERY SALESPERSON

TO BE COMPLETED BY THE CEMETERY SALESPERSON:			
Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Former / Maiden Name(s) <input type="text"/>
Address (street, city, state, zip code) <input type="text"/>			
Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Daytime Telephone Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Wisconsin Salesperson License Number <input type="text"/>
Reason for completing this form: (check <u>one</u> box)			
<input type="checkbox"/> I am transferring to the Cemetery Authority listed below from employment at: <input type="text"/>			
<input type="checkbox"/> I will work for more than one Employing Cemetery Authority or Authorities in the Department already has on record.			
I state that I am the person referred to on this application and that all the answers set forth are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential. I also understand that if I am issued a credential, failure to comply with the laws and rules of the Department of Safety and Professional Services will be cause for disciplinary action.			
<input type="text"/>			<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Applicant Signature (If unable to provide a digital signature print and sign form.)			Date

APPLICATION FEES: Please check applicable box.

\$10.00 Transfer Fee

For Receipting Use Only (96)

Wisconsin Department of Safety and Professional Services

TO BE COMPLETED BY PROSPECTIVE EMPLOYING CEMETERY AUTHORITY:

Name of Employing Cemetery Authority (exactly as it appears on the Cemetery Authority's license)

Cemetery Authority License Number

Main Office Telephone Number

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Main Office Address of the Cemetery Authority (street, city, state, zip code)

This statement must be signed by a corporate officer of the Employing Cemetery Authority. I certify that I will assume responsibility for the applicant pursuant to the Department rules.

Print Name of Corporate Officer of the Employing Cemetery Authority

Title

 / /

Signature of Corporate Officer of the Employing Cemetery Authority

(If unable to provide a digital signature print and sign form.)

Date