



**Cemetery Board**  
**COMPLIANCE AGENT/OFFICER/DIRECTOR CHANGE FORM**  
**No Fee Required**

1. Virginia Cemetery Company License Number: 

4	9	0	1						
---	---	---	---	--	--	--	--	--	--
2. Cemetery Company Name \_\_\_\_\_
3. Trade (or Fictitious) Name \_\_\_\_\_
4. Provide **one** of the following identification numbers\*:

Business Federal Employer Identification Number (FEIN)

--	--	--	--	--	--	--	--	--	--	--	--

 - 
 

--	--	--	--	--	--	--	--	--	--

Federal Employer Identification Number (12-3456789)

*Sole Proprietor's/Individual's* Social Security Number *or*

--	--	--	--	--	--	--	--	--	--	--	--

 - 
 

--	--	--	--

 - 
 

--	--	--	--	--	--	--	--

Social Security or Virginia DMV Number (123-45-6789)

**Virginia** Department of Motor Vehicles Control Number

- Enter the same identification number as used on previous applications or licenses on file with the department.
- \* State law requires every applicant, *who is not a sole proprietor or solely owned LLC*, to provide a federal employer identification number. *Sole proprietor or solely owned LLC* who do not have a FEIN must provide a social security number or *a control number issued by the Virginia Department of Motor Vehicles*.

5. Mailing Address (PO Box accepted) \_\_\_\_\_  
 \_\_\_\_\_  
 City State Zip Code

6. Street Address (PO Box not accepted)  Check here if Street Address is the same as the Mailing Address listed above.  
**PHYSICAL ADDRESS REQUIRED**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City State Zip Code

7. Contact Numbers  
 \_\_\_\_\_  
 Primary Telephone Alternate Telephone Fax

8. Email Address \_\_\_\_\_  
 Email address is considered a public record and will be disclosed upon request from a third party.

9. Are you applying to change the firm's Compliance Agent?  
 No   
 Yes  If yes, provide the following information:

A. **Current** Compliance Agent Name

Last	First	Middle	Generation
------	-------	--------	------------

B. **New** Compliance Agent Name

Last	First	Middle	Generation
------	-------	--------	------------

C. **New** Compliance Agent's Address \_\_\_\_\_

City	State	Zip Code
------	-------	----------

OFFICE USE ONLY	DATE	FEE	TRANS CODE  3055	ENTITY #  49	FILE #/LICENSE #	ISSUE DATE
-----------------------	------	-----	------------------------	--------------------	------------------	------------



- B. Has any of the company **officers or directors** listed on this application ever been subject to disciplinary action imposed by any (including Virginia) local, state or national regulatory body?  
 No   
 Yes  If yes, complete the [Disciplinary Action Reporting Form](#).
- C. Has any of the company **officers or directors** listed on this application ever been convicted in any jurisdiction of **any felony or crime of moral turpitude**, there being no appeal pending therefrom or the time for appeal having elapsed? *Any plea of nolo contendere shall be considered a conviction.*  
 No   
 Yes  If yes, complete the [Criminal Conviction Reporting Form](#).
- D. Has any of the company **officers or directors** listed on this application ever been convicted in any jurisdiction of **any misdemeanor within five years** of the date the application is submitted? *Any plea of nolo contendere shall be considered a conviction.*  
 No   
 Yes  If yes, complete the [Criminal Conviction Reporting Form](#).

11. By signing this application, I certify the following statements:

- I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
- I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
- I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may contact. I also agree to present any credentials or documents required or requested by the Department.
- I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
- I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 23.1 of the *Code of Virginia* and the *Virginia Cemetery Board Regulations*.

**Officer, Director, or Compliance Agent Signature:**

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_