CERTIFIED PROVIDER APPLICATION

Certified provider requirements: A provider may not engage in prearrangement sales or preconstruction sales unless the provider is certified by the director of the Department of Consumer and Business Services. By completing this application, the provider is requesting to be a certified provider.

A certified provider is any funeral home or cemetery provider offering for sale prearrangement or preconstruction sales contracts in which the consumer’s purchase funds are placed with a master trustee or depository. In certain situations, a funeral home or cemetery administering, but not actively selling, prearrangement trust funds at time of need, may need to be a certified provider.

The certified provider must file an annual trust fund report on trust fund activity (Form 440-4014), due in April each year. Additionally, the certified provider must annually pay $5 per contract to support the Funeral and Cemetery Consumer Protection Trust Fund (Form 440-4013), due in January each year.

Failure to become a certified provider: The Oregon Mortuary and Cemetery Board will not register salespeople to engage in prearrangement sales or preconstruction sales unless the funeral or cemetery location has been issued a certificate to be a certified provider.

Additionally, the director of the Department of Consumer and Business Services may issue a cease-and-desist order to an uncertified provider conducting sales activities and send notice to the State Mortuary and Cemetery Board and to the Attorney General.

Exceptions: Endowment care cemetery providers making prearrangement sales or preconstruction sales should refer to ORS 97.927 and ORS 97.929.

Trust deposits: All trust deposits must be placed in a depository or delivered to a master trustee within five days of receipt. A provider must have an agreement with a master trustee or depository when the certified provider application is submitted.

Examination of records: Each certified provider that is or should be certified is subject to an examination by the director. The provider will pay the director all fees and costs of the examination.

Governing statutes and rules: Oregon Revised Statute 97.923 through 97.949 and Oregon Administrative Rules Chapter 441 Division 930

Questions? Call 503-378-4140.

CERTIFIED PROVIDER APPLICATION
Prearrangement Plans
ORS Chapter 97; OAR 441-930

Fee: $390

1. Business name: _______________________________ Owner/manager name: _______________________________
   Corporate mailing address: _______________________________
   City, state, ZIP: _______________________________
   Business phone: ______-______ Business fax: ______-______

2. Assumed business name (ABN), if applicable: _______________________________
   Address where business is conducted (P.O. Box not acceptable): _______________________________
   City, State, ZIP: _______________________________
   Business phone: ______-______ Business fax: ______-______
   Business email: _______________________________ Contact name and title: _______________________________
   Mailing address (if different than where business is conducted): _______________________________
   City, state, ZIP: _______________________________

3. a) Master trustees — attach additional information, if necessary.
   Name: _______________________________ Phone: ______-______

   b) Depository (master trustee not appointed) — attach additional information, if necessary.
   Name: _______________________________ Phone: ______-______
   Contact name: _______________________________

   Secure fax for credit card payments: 503-947-2333
   If paying by credit card, applicant must sign credit-card information box.

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<tr>
<th>Visa</th>
<th>MasterCard</th>
<th>Discover</th>
<th>Phone: <strong><strong><strong>-</strong></strong></strong></th>
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<td>Amount</td>
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   Make check or money order payable to Oregon Division of Financial Regulation.
   Mail application with payment to:
   DCBS — Fiscal Services
   P.O. Box 14610
   Salem, OR 97309-0445

   Fiscal use only: 12104/0600

   Continued on next page
4. Provide the following with your application:

☐ a. Copy of the current Oregon Mortuary and Cemetery Board license. The license must be in the same name as the applicant.

☐ b. Proof of business registration with the Oregon Secretary of State.

☐ c. A completed and signed Criminal Background and Credit Check Authorization. *(This information will be used for identification purposes only in a criminal background check.)*

☐ d. *For providers who have not appointed a master trustee, financial statements, including* balance sheet, statement of income or loss, statement of changes in shareholder equity, and statement of changes in financial position. An independent certified public accountant must prepare all financial statements in accordance with generally accepted accounting procedures. If the audited financial statement is more than six months old, provide an internally prepared statement for the most recent month-end.

☐ e. A statement of contracts held or obtained before submitting this application. The statement **must include** the following information:

1. Beneficiary and purchaser name
2. Contract number
3. Contact date
4. Contract amount
5. Guaranteed or nonguaranteed
6. Irrevocable or revocable
7. Beginning and year-end balance
8. Date of any withdrawal within the reporting period and the reason

Social Security numbers are not required; if you include them, only show the last four numbers.

5. Describe the type of services and merchandise offered: ____________________________________________

6. Is this business an endowment care cemetery (ORS 97.810-97.994) or an irreducible fund cemetery (ORS 65.860)?

☐ Yes  ☐ No

If “Yes,” complete the following:

 Do you sell graves, crypts, or niches in existence at the time of the sale or agreement to sell?  ☐ Yes  ☐ No
 Do you sell crypts or niches not in existence at the time of the sale or agreement to sell?  ☐ Yes  ☐ No
 Do you sell burial vaults or markers for installation?  ☐ Yes  ☐ No

I certify that the information contained in this application is current and correct.

Name (type or print): __________________________________________

Title of applicant (type or print): __________________________________________

Signature: __________________________________________ Date: ______________
CRIMINAL BACKGROUND AND CREDIT CHECK AUTHORIZATION

*Each* member, partner, officer, director, or principal; owner of 10 percent or more of the corporation; owner if applicant is an entity other than a corporation; and proposed manager of the location must complete and sign the following:

<table>
<thead>
<tr>
<th>First name:</th>
<th>Middle name:</th>
<th>Last name:</th>
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<tr>
<th>Name of company:</th>
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<thead>
<tr>
<th>Home phone: - -</th>
<th>Office phone: - -</th>
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<tbody>
<tr>
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<td>City:</td>
<td>State:</td>
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<tr>
<th>Home mailing address, if different:</th>
<th>Office mailing address, if different:</th>
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<td>City:</td>
<td>State:</td>
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<tr>
<th>Date of birth (mm/dd/yy): 1/1</th>
<th>Position or title:</th>
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<tbody>
<tr>
<td>Social Security number: - -</td>
<td>Email:</td>
</tr>
<tr>
<td>Driver license number and state:</td>
<td>Percentage of ownership: %</td>
</tr>
</tbody>
</table>

ATTACH A RESUME OF THE PAST FIVE YEARS OF WORK EXPERIENCE

Have you been convicted of a felony?

- [ ] No  [ ] Yes, explain:

Have you been convicted of a misdemeanor for fraud, misrepresentation, or deceit?

- [ ] No  [ ] Yes, explain:

Have you been the subject of an administrative action in any state that resulted in civil penalties or action taken against a license you held?

- [ ] No  [ ] Yes, explain:

Have you had any entry of any money judgments that are not paid in full?

- [ ] No  [ ] Yes, explain:

Have you filed for voluntary or involuntary bankruptcy protection?

- [ ] No  [ ] Yes, explain:

I certify that the information I have provided is current and accurate as of the day it was signed and I understand that my signature authorizes an investigative consumer report as defined in the Fair Credit Reporting Act (15 USC 1681 et seq.).

Signature Date