

Wisconsin Department of Safety and Professional Services

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Madison, WI 53703
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Website: <http://dsps.wi.gov>

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) <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"/>	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"/>
Applicant Signature			Date

APPLICATION FEES: Please check applicable box. Make check payable to **DSPS and attach to this application.**

\$10.00 Transfer Fee

For Receiving 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)

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

Signature of Corporate Officer of the Employing Cemetery Authority

Title

 / /

Date