**NOTICE**

Please review and provide the required information below: (Print Legibly or type). In accordance with Executive Order 01.01.1983-18, the Department of Labor is required to advise you as follows regarding the collection of personal information:

Personal information requested by the licensing agency of the Department is necessary in determining your eligibility for a registration. Such personal information is also intended for use as an additional means of verifying the applicant's identity or to enable the agency to communicate, in a timely manner, with the applicant should the need arise. The applicant has a right to inspect his personal record and to amend or correct the personal data if necessary.

Personal information is generally available for inspection by the public only in accordance with the Public Information Act. Personal information is not routinely shared with state, federal or local governmental agencies.

**CERTIFICATION (Must be completed by all applicants)**

I hereby affirm, under penalty of law, that all statements made on this application and supplementary forms which are attached are true and correct to the best of my knowledge.

I certify that I have paid all undisputed taxes and unemployment insurance contributions payable to the Comptroller or the Department of Labor or have provided for payment in a manner satisfactory to the unit responsible for collection. I certify that I am not an employer required to provide employee compensation under the Workers’ Compensation Law.

I authorize an investigation of all statements made by me as well as my personal character, reputation and background which may include contact with former employers, acquaintances, references, credit records, criminal records, motor vehicle records or other similar investigation. I further authorize the release of any information contained within this application to an authorized representative of the Department of Labor for further investigation.

I understand that any misrepresentation or omission of fact on this application and supplementary forms may be cause for refusal to issue a registration to operate a cemetery or provide burial goods in Maryland.

I understandthat l will receive a copy of the State statutes and regulations. on cemeteries and burial goods businesses, andI agree to comply with these laws and regulations.

Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Endorsement of Employment History**

List: The Name, Address and Telephone Number of the Last Three (3) Employers Beginning with the Most Recent (not including your current). *Do not complete if a renewal application.*

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| --- | --- | --- | --- | --- | --- | --- |
| Name: |  |  |  | Telephone Number: |  |  |
| Address |  |  |  | Dates of Employment |  |  |
|  |  |  |  |  |  |  |
| Name: |  |  |  | Telephone Number |  |  |
| Address |  |  |  | Dates of Employment |  |  |
|  |  |  |  |  |  |  |
| Name: |  |  |  | Telephone Number |  |  |
| Address |  |  |  | Dates of Employment |  |  |