

2021 APPLICATION FOR APPOINTMENT TO BOARD OF FUNERAL, CEMETERY, AND CONSUMER SERVICES

INSTRUCTIONS:

The 2021 application process for appointment to the Board of Funeral, Cemetery, and Consumer Services (the "Board") will be conducted in two phases. **All persons interested in applying for appointment or reappointment to the Board must follow the initial phase of the application process outlined below.** Selected nominees for each position will be notified by Chief Financial Officer Jimmy Patronis' office and provided further instructions regarding the completion of the application process. Additional information regarding the application process may be found at: <https://www.myfloridacfo.com/division/funeralcemetery/>.

For the initial phase of the application process, all applicants must:

- Complete this "2021" Application for Appointment to Board of Funeral, Cemetery, and Consumer Services"
- Complete the "Application for Chief Financial Officer Board and Commission Appointments" which is found with the Notice Regarding 2021 Appointment Process for Appointment to the Board of Funeral, Cemetery, and Consumer Services on the home page of the Division's website at: <https://www.myfloridacfo.com/division/funeralcemetery/>
- Submit the completed application forms referenced above, and any attachments, to the Division of Funeral, Cemetery and Consumer Services by **EMAIL** to:

Email: LaTonya.Bryant@MyFloridaCFO.com

This application **MUST BE COMPLETED IN FULL**. Answer "none" or "not applicable" where appropriate. You may attach additional sheets of paper as needed to fully respond to any of the questions. You may also attach your resume and any letters of recommendation.

APPLICATION DEADLINE: APPLICATIONS MUST BE RECEIVED BY CLOSE OF BUSINESS ON FRIDAY, AUGUST 27, 2021.

Questions regarding any of the application process should be directed to LaTonya Bryant, Administrative Assistant III for the Division, at 850-413-3039 or to Mary Schwantes, Division Director, at 850-413-4984.


**2021 APPLICATION FOR APPOINTMENT TO
BOARD OF FUNERAL, CEMETERY, AND CONSUMER SERVICES**

APPLICANT'S NAME: _____

ITEM I:

There are currently five members on the Board whose terms expire at the end of September 2021. Section 497.101(2), Florida Statutes, sets forth the composition of the Board. The descriptions below, as applied to the five referenced positions, are from this section, as recently changed during the 2021 legislative session (House Bill 1209/Senate Bill 1408).

Please check ALL the Board member positions for which you may be eligible for appointment. See section 497.101, Florida Statutes for the full statutory text of member criteria.

	FCCS BOARD MEMBER POSITION DESCRIPTION <i>(Please check all for which you may be eligible for appointment)</i>
_____	<p>POSITION #1:</p> <p>A funeral director licensed under part III of chapter 497, Florida Statutes, who is associated with a funeral establishment licensed under part III of chapter 497, Florida Statutes, which has a valid preneed license issued pursuant to chapter 497, Florida Statutes, and who owns or operates a cinerator facility approved under chapter 403 and licensed under part VI of chapter 497, Florida Statutes.</p> <p>a. Please enter your funeral director license number: _____</p> <p>b. Please enter the name and license number(s) of the funeral establishment(s) with which you are associated:</p> <p>Funeral Establishment Name (#1): _____</p> <p style="padding-left: 40px;">License Number (#1): _____</p> <p style="padding-left: 40px;">Preneed License Number (#1): _____</p> <p>Funeral Establishment Name (#2): _____</p> <p style="padding-left: 40px;">License Number (#2): _____</p> <p style="padding-left: 40px;">Preneed License Number (#2): _____</p> <p>c. Please enter the name and license number(s) of the cinerator facility that satisfies the above requirement:</p> <p>Cinerator Facility Name: _____</p> <p>License Number: _____</p>

_____	<p>POSITION #2:</p> <p>A person licensed as a funeral director under part III of chapter 497, Florida Statutes, who is associated with a funeral establishment.</p> <p>a. Please enter your funeral director license number: _____</p> <p>b. Please enter the name and license number(s) of the funeral establishment(s) with which you are associated:</p> <p>Funeral Establishment Name (#1): _____</p> <p style="padding-left: 40px;">License Number (#1): _____</p> <p>Funeral Establishment Name (#2): _____</p> <p style="padding-left: 40px;">License Number (#2): _____</p>
_____	<p>POSITION #3:</p> <p>A person whose primary occupation is associated with a cemetery company licensed pursuant to chapter 497, Florida Statutes.</p> <p>a. Please enter the name and license number of the cemetery company(s) that satisfies the above requirement.</p> <p>Cemetery Name (#1): _____</p> <p style="padding-left: 40px;">License Number (#1): _____</p> <p>Cemetery Name (#2): _____</p> <p style="padding-left: 40px;">License Number (#2): _____</p>
_____	<p>POSITION #4:</p> <p>A consumer member who is a resident of Florida, has never been licensed as a funeral director or embalmer, is not connected with a cemetery or cemetery company licensed pursuant to chapter 497, Florida Statutes, and is not connected with the death care industry or the practice of embalming, funeral directing, or direct disposition.</p>

_____	<p>POSITION #5:</p> <p>A consumer member who is a resident of Florida; is licensed as a <u>Certified Public Accountant</u> under chapter 473, Florida Statutes; has never been licensed as a funeral director or an embalmer; is not a principal or an employee of any licensee licensed under chapter 497, Florida Statutes; and does not otherwise have control, as defined in section 497.005, Florida Statutes, over any licensee licensed under chapter 497, Florida Statutes.</p> <p>a. Please enter your Florida Certified Public Accountant license number:</p> <p>_____</p>
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NOTE: The term “associated” as used above, is from section 497.101(2), Florida Statutes, but is not defined in the statute. Please consult your dictionary for the common meaning of the term.

ITEM 2:

Section 497.101(2), Florida Statutes, provides in relevant part as follows: “*There shall not be two or more board members who are principals or employees of the same company or partnership or group of companies or partnerships under common control.*”

FCCS Board Members as of July 1, 2021	
Joseph Brandenburg	Ken Jones
Andrew Clark	Keenan Knopke
Sanjena Clay	Jay Lyons
Lewis Hall, Jr.	Darrin Williams
Christian Jensen, Jr.	

To the best of your knowledge and belief, are you a principal or employee of the same company, partnership, or group of companies or partnerships under common control, as any Board member listed above?

_____ YES _____ NO

If the answer to the above is “Yes,” please provide the name of the listed Board member and provide the name of the company, partnership, or group of companies or partnerships under common control for which you are a principal or employee.

ITEM 3:

Please provide information relating to the existence and nature of all current and past employment by, contracts with, and/or direct or indirect affiliations or interest in any entity or business that at any time was licensed under chapter 497, Florida Statutes. You may attach your resume or additional sheets of paper to satisfy this requirement.

ITEM 4:

Please note the following restriction under section 112.313(11), Florida Statutes:

(11) PROFESSIONAL AND OCCUPATIONAL LICENSING BOARD MEMBERS. – No officer, director, or administrator of a Florida state, county, or regional professional or occupational organization or association, while holding such position, shall be eligible to serve as a member of a state examining or licensing board for the profession or occupation.

Do you currently hold any position which would bar you under section 112.313(11), Florida Statutes, from appointment to the Board of Funeral, Cemetery, and Consumer Services?

_____ YES _____ NO

If the answer to the above is “Yes,” please provide details.

CERTIFICATION AND SIGNATURE:

I understand that any appointment tendered to me may be contingent upon the results of a background investigation, and I am aware that withholding information or making false statements on this application may be the basis for non-appointment and criminal penalties. I agree to these conditions, and I declare that I have read the foregoing application and any attachments, and the facts stated within them are true, correct, and complete to the best of my knowledge and belief.

SIGNATURE: _____

Please print your name here: _____

DATE SIGNED: _____