

Professional Licensing Agency
 402 West Washington Street
 Room W072
 Indianapolis, IN 46204



Eric J. Holcomb
Governor of Indiana
Lindsay M. Hyer
PLA Executive Director

Certificate of Authority Renewal and Annual Reports Notice

You may renew online at MyLicense.IN.gov using the Register a Business option to create your login credentials. Registration Codes were included in the renewal emails and forms mailed to each Certificate of Authority. You may also complete and mail this document to the address above. If this document is postmarked after your certificate of authority expiration date you will be prohibited from selling goods and services in advance of need AND fulfilling existing preneed contracts until the certificate of authority is renewed.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address			
Licensee Name	License Number	Expiration Date	No Fee Required
Street Address:	City	State	Zip
Phone Number	Email Address		

RENEWAL INFORMATION
<ul style="list-style-type: none"> The State Board of Funeral and Cemetery Service suspended payments to the preneed consumer protection fund for contracts sold in the calendar year 2022, therefore when you file this renewal of certificate of authority by March 1, 2023, you will not be required to make the payments pursuant to IC 30-2-13-27 and IC 30-2-13-29(h). Use the <u>Register a Business</u> option to create your login credentials. Registration Codes were included in the renewal emails and forms mailed to each Certificate of Authority After your certificate of authority has been renewed you will need to print a free license card or order one from our website at https://www.in.gov/pla/license/ to comply with the posting requirement. You are required to file an annual report pursuant to IC 30-2-10-8 and IC 30-2-13-31. You may obtain the annual report form online at https://www.in.gov/pla/professions/funeral-and-cemetery-home/ under Additional Information.

LICENSEE AFFIRMATION	
I hereby swear or affirm under the penalties of perjury that the information provided here is true and correct to the best of my knowledge.	
Signature of Licensee	Date (month, day, year)

Visit www.pla.in.gov for additional information regarding your license.

FOR OFFICE USE ONLY
Date Received: