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Details:

(FORM UPDATED: 08/11/2010)

WISCONSIN STATE LEGISLATURE ... PUBLIC HEARING - COMMITTEE RECORDS

2007-08

(session year)

Senate

(Assembly, Senate or Joint)

Committee on ... Labor, Elections and Urban Affairs (SC-LEUA)

COMMITTEE NOTICES ...

- Committee Reports ... **CR**
- Executive Sessions ... **ES**
- Public Hearings ... **PH**

INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

- Appointments ... **Appt** (w/Record of Comm. Proceedings)
- Clearinghouse Rules ... **CRule** (w/Record of Comm. Proceedings)
- Hearing Records ... bills and resolutions (w/Record of Comm. Proceedings)
 - (**ab** = Assembly Bill) (**ar** = Assembly Resolution) (**ajr** = Assembly Joint Resolution)
 - (**sb** = Senate Bill) (**sr** = Senate Resolution) (**sjr** = Senate Joint Resolution)
- Miscellaneous ... **Misc**

* Contents organized for archiving by: Mike Barman (LRB) (October/2010)

Senate

Record of Committee Proceedings

Committee on Labor, Elections and Urban Affairs

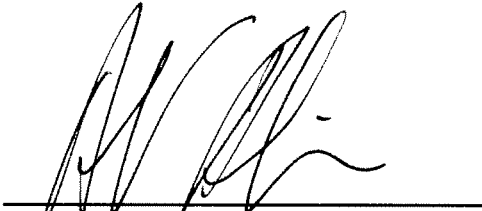
Clearinghouse Rule 07-050

Relating to the regulation of cemetery authorities, cemetery salespersons, and cemetery preneed sellers.

Submitted by Department of Regulation and Licensing.

October 10, 2007 Referred to Committee on Labor, Elections and Urban Affairs.

November 10, 2007 No action taken.



Adam Plotkin
Committee Clerk





Packet

LCRC
FORM 2

WISCONSIN LEGISLATIVE COUNCIL RULES CLEARINGHOUSE

Ronald Sklansky
Clearinghouse Director

Terry C. Anderson
Legislative Council Director

Richard Sweet
Clearinghouse Assistant Director

Laura D. Rose
Legislative Council Deputy Director

CLEARINGHOUSE REPORT TO AGENCY

[THIS REPORT HAS BEEN PREPARED PURSUANT TO S. 227.15, STATS. THIS IS A REPORT ON A RULE AS ORIGINALLY PROPOSED BY THE AGENCY; THE REPORT MAY NOT REFLECT THE FINAL CONTENT OF THE RULE IN FINAL DRAFT FORM AS IT WILL BE SUBMITTED TO THE LEGISLATURE. THIS REPORT CONSTITUTES A REVIEW OF, BUT NOT APPROVAL OR DISAPPROVAL OF, THE SUBSTANTIVE CONTENT AND TECHNICAL ACCURACY OF THE RULE.]

CLEARINGHOUSE RULE **07-050**

AN ORDER to repeal chapters RL 50 and 51; and to create chapters CB 1 and 2, relating to the regulation of cemetery authorities, cemetery salespersons, and cemetery preneed sellers.

Submitted by **DEPARTMENT OF REGULATION AND LICENSING**

05-17-2007 RECEIVED BY LEGISLATIVE COUNCIL.

06-11-2007 REPORT SENT TO AGENCY.

RNS:SG

LEGISLATIVE COUNCIL RULES CLEARINGHOUSE REPORT

This rule has been reviewed by the Rules Clearinghouse. Based on that review, comments are reported as noted below:

1. STATUTORY AUTHORITY [s. 227.15 (2) (a)]

Comment Attached YES NO

2. FORM, STYLE AND PLACEMENT IN ADMINISTRATIVE CODE [s. 227.15 (2) (c)]

Comment Attached YES NO

3. CONFLICT WITH OR DUPLICATION OF EXISTING RULES [s. 227.15 (2) (d)]

Comment Attached YES NO

4. ADEQUACY OF REFERENCES TO RELATED STATUTES, RULES AND FORMS
[s. 227.15 (2) (e)]

Comment Attached YES NO

5. CLARITY, GRAMMAR, PUNCTUATION AND USE OF PLAIN LANGUAGE [s. 227.15 (2) (f)]

Comment Attached YES NO

6. POTENTIAL CONFLICTS WITH, AND COMPARABILITY TO, RELATED FEDERAL
REGULATIONS [s. 227.15 (2) (g)]

Comment Attached YES NO

7. COMPLIANCE WITH PERMIT ACTION DEADLINE REQUIREMENTS [s. 227.15 (2) (h)]

Comment Attached YES NO



WISCONSIN LEGISLATIVE COUNCIL RULES CLEARINGHOUSE

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CLEARINGHOUSE RULE 07-050

Comments

[NOTE: All citations to “Manual” in the comments below are to the Administrative Rules Procedures Manual, prepared by the Revisor of Statutes Bureau and the Legislative Council Staff, dated January 2005.]

1. Statutory Authority

In s. CB 2.01, the department should include a reference to s. 440.905, Stats.

2. Form, Style and Placement in Administrative Code

In the introductory clause of the rule-making order, the department should place a comma after the phrase “chs. CB 1 and 2”.

3. Conflict With or Duplication of Existing Rules

In the plain language section of the rule analysis, the department states that chs. CB 1 and 2 substantively mirror chs. RL 50 and 51. Should the department note that s. CB 2.02 has a filing deadline of March 1, instead of the April 1 filing deadline specified in s. RL 51.02?

4. Adequacy of References to Related Statutes, Rules and Forms

a. In the comparison with rules in adjacent states section of the rule analysis, the department should cite: www.ioc.state.il.us/office/ccbt/ as the source of information regarding cemetery regulation in Illinois.

b. In the comparison with rules in adjacent states section of the rule analysis, the department should provide a more specific reference to the Minnesota statutes that impose requirements for cemeteries. Generally, information on Minnesota statutes relating to cemeteries may be viewed at: http://ros.leg.mn/data/revisor/statutes_index/current/C/CE/cemeteries.html.

c. In the comparison with rules in adjacent states section of the rule analysis, should the department note that Iowa classifies cemeteries as a “regulated industry” for purposes of regulation by the Iowa Insurance Commissioner’s Office or provide additional directions to reach information on cemetery regulation?

d. In s. CB 2.01, the department cites ss. 157.62 (2) and (7), 157.63, and 440.92 (6) (k), Stats. In the rule analysis, should the department refer to these sections as providing statutory authority?

Jim Doyle
Governor

WISCONSIN DEPARTMENT OF
REGULATION & LICENSING

1400 E Washington Ave
PO Box 8935
Madison WI 53708-8935
Email: web@drl.state.wi.us
Voice: 608-266-2112
FAX: 608-267-0644
TTY: 608-267-2416

Celia M. Jackson
Secretary



October 8, 2007

LETTER OF TRANSMITTAL

TO: Senate Chief Clerk
Attention: Robert Marchant
Room B20 Southeast, State Capitol
Madison, Wisconsin 53702

FROM: Pamela A. Haack, Paralegal
Department of Regulation and Licensing
Office of Legal Counsel
1400 East Washington Avenue, Room 152
Madison, Wisconsin 53702

The attached rule jacket containing a report to the legislative standing committee is being submitted for delivery to the Speaker of the Assembly pursuant to section 227.19 (4) (b) 4., Stats.

Please stamp or sign a copy of this letter to acknowledge receipt. If you have any questions concerning the final draft form or desire additional information, please contact me at 266-0495.

Thank you.

Handwritten signature of Pamela A. Haack in cursive script, positioned above a horizontal dashed line.

07-050

**STATE OF WISCONSIN
CEMETERY BOARD**

**IN THE MATTER OF RULE-MAKING : PROPOSED ORDER OF THE
PROCEEDINGS BEFORE THE : CEMETERY BOARD
CEMETERY BOARD : ADOPTING RULES
: (CLEARINGHOUSE RULE 07-050)**

TO: Senator Fred Risser
President of the Senate
Room 220 South, State Capitol
Madison, Wisconsin 53702

PLEASE TAKE NOTICE that the CEMETERY BOARD is submitting in final draft form rules relating to the regulation of cemetery authorities, cemetery salespersons, and cemetery preneed sellers.

Please stamp or sign a copy of this letter to acknowledge receipt. If you have any questions concerning the final draft form or desire additional information, please contact Pamela Haack at 266-0495.

Thank you.

**STATE OF WISCONSIN
CEMETERY BOARD**

IN THE MATTER OF RULE-MAKING :
PROCEEDINGS BEFORE THE : **REPORT TO THE LEGISLATURE**
CEMETERY BOARD : **ON CLEARINGHOUSE RULE 07-050**
: **(s. 227.19 (3), Stats.)**

I. THE PROPOSED RULE:

The proposed rule, including the analysis and text, is attached.

II. REFERENCE TO APPLICABLE FORMS:

Revised forms are attached.

III. FISCAL ESTIMATES:

The department estimates that the proposed rule will have no significant fiscal impact. The department also finds that this rule has no significant fiscal effect on the private sector.

IV. DETAILED STATEMENT EXPLAINING THE BASIS AND PURPOSE OF THE PROPOSED RULE, INCLUDING HOW THE PROPOSED RULE ADVANCES RELEVANT STATUTORY GOALS OR PURPOSES:

With the enactment of 2005 Wisconsin Act 25, the Cemetery Board was created. Previously, cemeteries, cemetery salespersons, and preneed sellers were under the jurisdiction of the Department of Regulation and Licensing. With this change, the authority to regulate them was shifted to the Cemetery Board. Additionally, the board was given rule-making authority. Because the department no longer has the authority over these individuals and entities, a rule-making change was necessary. The proposed rules largely mirror the rules that existed under the jurisdiction of the department, but for a minor change to a filing deadline of an annual report.

V. NOTICE OF PUBLIC HEARING:

A public hearing was held on June 19, 2007. There were no appearances at the public hearing and no written comments were received.

VI. RESPONSE TO LEGISLATIVE COUNCIL STAFF RECOMMENDATIONS:

All of the recommendations suggested in the Clearinghouse Report were accepted in whole.

VII. FINAL REGULATORY FLEXIBILITY ANALYSIS:

These rules will have no significant economic impact on small businesses, as defined in s. 227.114 (1), Stats.

Chs CB 1, 2 CR07-050 (Cemetery Board) Report to Leg 10-5-07

DEPARTMENT OF REGULATION AND LICENSING
CEMETERY BOARD

IN THE MATTER OF RULE-MAKING : PROPOSED ORDER OF THE
PROCEEDINGS BEFORE THE : CEMETERY BOARD
CEMETERY BOARD : ADOPTING RULES
: (CLEARINGHOUSE RULE 07-050)

PROPOSED ORDER

An order of the Cemetery Board to repeal chs. RL 50 and 51; and to create chs. CB 1 and 2, relating to the regulation of cemetery authorities, cemetery salespersons, and cemetery preneed sellers.

Analysis prepared by the Department of Regulation and Licensing.

ANALYSIS

Statutes interpreted:

Section 440.905, Stats.

Statutory authority:

Sections 157.62 (2) and (7), 157.63, 227.11 (2) and 440.92 (6) (k), Stats., and s. 440.905, Stats., as created by 2005 Wisconsin Act 25.

Explanation of agency authority:

The Cemetery Board is authorized to promulgate rules under s. 440.905, Stats., as created by 2005 Wisconsin Act 25.

Related statute or rule:

There are no other statutes or rules other than those listed above.

Plain language analysis:

Portions of the cemetery statutes were recently amended by the Legislature as a result of 2005 Wisconsin Act 25. The most notable change was the creation of a cemetery board. The board was given specific authority to promulgate rules relating to the regulation of cemetery authorities, cemetery salespersons, and cemetery preneed sellers. However, these rules substantively mirror the prior rules that existed under the jurisdiction of the Department of Regulation and Licensing, except that the filing deadline in s. RL 51.02 has been changed to March 1.

SECTION 1 sets forth the authority for the ch. CB 1 and also sets forth the requirements for becoming licensed as a cemetery authority, a cemetery preneed seller, and a cemetery salesperson. SECTION 1 also creates ch. CB 2 that sets forth the authority for the filing of cemetery annual reports. It also identifies the filing date as well as a filing exception for religious cemeteries.

SECTION 2 repeals chs. RL 50 and 51, which are being replaced with chs. CB 1 and 2. This change was necessary as a result of 2005 Wisconsin Act 25, which created a Cemetery Board and gave the board authority to promulgate rules relating to the regulation of cemetery authorities, cemetery salespersons, and preneed sellers.

Summary of, and comparison with, existing or federal regulation:

There is no existing or pending federal regulation relating to cemetery authorities, cemetery preneed sellers, and cemetery salespersons.

Comparison with rules in adjacent states:

Illinois:

Cemeteries are licensed and regulated by the Illinois Comptroller's Office. For more information see the Illinois website at: www.ioc.state.il.us/office/ccb/

Michigan:

Cemeteries are required to register and are regulated by the state Cemetery Commissioner. For more information see the Michigan website at: www.michigan.gov/commerciallicensing (then click on "Cemeteries")

Minnesota:

Statutes impose requirements for cemeteries, but licensure/regulation is not required. For more information see the Minnesota website at: http://ros.leg.mn/data/revisor/statutes_index/current/C/CE/demeteries.html.

Iowa:

Cemeteries are required to register and are regulated by the Iowa Insurance Commissioner's Office. For more information see the Iowa website at: www.iid.state.ia.us/reg_industries_pamphlet/default.asp

Summary of factual data and analytical methodologies:

No study resulting in the collection of factual data was used relating to this rule. The primary methodology for revising the rule is the board's analysis and determination that a rule change is necessary.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact report:

The proposed rules would reflect the newly created statutory requirements that transferred authority relating to the regulation of cemetery authorities, cemetery salespersons, and cemetery preneed sellers from the department to the newly created Cemetery Board. The rules will merely be updated to reflect recent statutory changes that are already in effect. There are 98 cemetery authorities, 191 cemetery salespersons, and 181 cemetery preneed sellers currently licensed in Wisconsin. Of these licensees, a significant percentage of them are probably small businesses. This rule change will not have an effect on small business, however, as the rule changes will merely reflect the current statutory requirements.

Anticipated costs incurred by private sector:

The department finds that this rule has no significant fiscal effect on the private sector.

Fiscal estimate:

The department estimates that the proposed rule will have no significant fiscal impact.

Effect on small business:

These proposed rules will have no significant economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at larry.martin@drl.state.wi.us, or by calling (608) 266-8608.

Agency contact person:

Pamela Haack, Paralegal, Department of Regulation and Licensing, Office of Legal Counsel, 1400 East Washington Avenue, Room 152, P.O. Box 8935, Madison, Wisconsin 53708-8935. Telephone: (608) 266-0495. Email: pamela.haack@drl.state.wi.us.

Place where comments are to be submitted and deadline for submission:

Comments may be submitted to Pamela Haack, Paralegal, Department of Regulation and Licensing, 1400 East Washington Avenue, Room 152, P.O. Box 8935, Madison, Wisconsin 53708-8935, or by email at pamela.haack@drl.state.wi.us. Comments must be received on or before June 22, 2007 to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. Chapters CB 1 and 2 are created to read:

Chapter CB 1

AUTHORITY AND APPLICATIONS FOR LICENSURE

CB 1.01 Authority. The rules in this chapter are adopted pursuant to ss. 227.11 (2) and 440.905, Stats.

CB 1.02 Applications for cemetery authority, cemetery salesperson and preneed seller. (1) OTHER INFORMATION. In addition to the information which the board must require of applicants for registration as a cemetery authority, a cemetery salesperson or a preneed seller pursuant to ss. 440.91 and 440.92, Stats., the board may require all of the following:

(a) Information about any crimes committed by the applicant and any charges pending against the applicant.

(b) Information about any surrender, resignation, cancellation or denial of an application for a credential or any disciplinary action taken against a credential held by the applicant in Wisconsin or another licensing jurisdiction.

(c) Information about any disciplinary action pending against the applicant in any jurisdiction and relating to a credential held by the applicant.

(d) Information about any suits or claims ever having been filed against an applicant as a result of professional services rendered by the applicant in connection with cemetery operations.

(2) BASIS FOR DENIAL OF APPLICATION. The board may limit or deny an application for registration as a cemetery authority, cemetery salesperson or preneed seller for any of the grounds for which the department may discipline a credential holder under s. 440.93, Stats.

Chapter CB 2

FILING OF ANNUAL REPORTS BY CEMETERY AUTHORITIES AND PRENEED SELLERS

CB 2.01 Authority. This chapter is adopted pursuant to ss. 157.62 (2) and (7), 157.63, 227.11 (2), 440.905 and 440.92 (6) (k), Stats.

CB 2.02 Filing of annual reports. Cemetery authorities required to file an annual report under s. 157.62 (2), Stats., and preneed sellers required to file an annual report under s. 440.92 (6), Stats., shall do so on or before March 1 of each year.

CB 2.03 Reporting period. The annual reports and certifications in lieu of annual reports shall be made on a calendar year basis unless the board, upon request, approved a different reporting period.

CB 2.04 Religious society exemption. A cemetery authority of a cemetery that is affiliated with a religious society organized under ch. 187, Stats., or that religious society may file a certification in lieu of an annual report under s. 157.63 or 440.92 (9), Stats. The certification shall be filed on or before the 60th day after the last day of the reporting period.

Note: Forms for the annual report and certification may be obtained upon request from and shall be filed with the Department of Regulation and Licensing, Division of Credentialing Processing, 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708.

SECTION 2. Chs. RL 50 and 51 are repealed.

(END OF TEXT OF RULE)

The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin administrative register, pursuant to s. 227.22 (2) (intro.), Stats.

Dated _____ Agency _____
Chairperson
Cemetery Board

Chs CB 1, 2 CR07-050 (Cemetery board) Draft to Leg 10-3-07

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@drl.state.wi.us
Website: <http://drl.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

APPLICATION FOR LICENSE FOR CEMETERY AUTHORITY

A cemetery authority that operates more than one cemetery shall apply for a separate license for each cemetery (check all boxes that apply):

- that is 5 acres or more in size.
- sells 20 or more cemetery lots or mausoleum spaces during a calendar year.
- has \$100,000 or more in pre-need trust accounts for a cemetery.

If one or more boxes have been checked, you must apply for licensure.

EXCEPTIONS: See bottom half of Page 3.

1. NAME OF CEMETERY AUTHORITY

2. DAYTIME TELEPHONE NUMBER

()

3. MAILING ADDRESS OF CEMETERY AUTHORITY (Number, Street, City, State, Zip Code)

4. NAME OF CEMETERY IF DIFFERENT FROM NAME OF AUTHORITY (Number, Street, City, State, Zip Code)

5. ADDRESS OF CEMETERY IF DIFFERENT FROM CEMETERY AUTHORITY (Number, Street, City, State, Zip Code)

6. NAME AND ADDRESS OF THE PRIMARY BUSINESS REPRESENTATIVE FOR THE CEMETERY WHO IS PRIMARILY RESPONSIBLE FOR THE CEMETERY AUTHORITY'S COMPLIANCE WITH SUBCH. II OF CH. 157 AND CH. 440.91(1)(b), STATS.

The license will expire on December 14 of the even-numbered year. It may be renewed for a two year period at that time.

APPLICATION FEE: Please make check payable to Department of Regulation and Licensing and attach to application.

For Receipting Use Only

- \$ 53.00 Initial credential fee

For Department Use Only	
Reg. Type	Reg. Number
Grant Date	Expiration Date

Wisconsin Department of Regulation & Licensing

7. STATEMENT OF ARREST OR CONVICTION: MARK AN X IN THE APPROPRIATE BOX.

If you answer YES to any questions, give all details on a separate sheet.

- | | <u>YES</u> | <u>NO</u> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| A. Has the cemetery authority owners, officers or business representative ever been convicted of a misdemeanor or a felony? <u>If YES, complete and attach Form #2252.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Does the cemetery authority owners, officers or business representative have any felony or misdemeanor charges pending against the it? <u>If YES, attach a sheet providing details about the pending charge, including status of the charge and the location of court.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Has the cemetery authority owners, officers or business representative ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? <u>If YES, give details on an attached sheet, including the type of license and the agency.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Has any licensing or other credentialing agency ever taken any disciplinary action against the cemetery authority owners, officers or business representative, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? <u>If YES, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Is disciplinary action pending against the cemetery authority owners, officers or business representative in any jurisdiction? <u>If YES, attach a sheet providing details about pending action, including the name of the agency and status of action.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Have any suits or claims ever been filed against the cemetery authority owners, officers or business representative as a result of professional services? <u>If YES, submit a copy of the claim or suit and a copy of the final settlement or disposition.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Does the cemetery authority currently hold, or has it held in the past, any credential (license) issued by the Department of Regulation and Licensing or any of the Boards? <u>If YES, what type of credential?</u> | <input type="checkbox"/> | <input type="checkbox"/> |

And if in another name, what name? _____

8. STATEMENT OF OWNERSHIP, OPERATION OR OTHER FINANCIAL INTEREST IN A FUNERAL ESTABLISHMENT. MARK AN X IN THE APPROPRIATE BOX.

If you answer YES to any questions, give all details on a separate sheet.

- | | <u>YES</u> | <u>NO</u> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| A. Does the cemetery authority have any ownership, operation, or other financial interest in a funeral establishment? <u>If YES, please explain.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Do any employees of the cemetery authority have any ownership, operation, or other financial interest in a funeral establishment? <u>If YES, please explain.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Do any agents of the cemetery authority have any ownership, operation, or other financial interest in a funeral establishment? <u>If YES, please explain.</u> | <input type="checkbox"/> | <input type="checkbox"/> |

9. LIST INFORMATION FOR ALL OFFICERS, INCLUDING DIRECTORS AND TRUSTEES OF THE CEMETERY AUTHORITY:

Name	Title	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Wisconsin Department of Regulation & Licensing

10. AFFIDAVIT MUST BE SIGNED BY THE BUSINESS REPRESENTATIVE IN THE PRESENCE OF A NOTARY PUBLIC.

I state 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 the credential. I also understand that if the cemetery authority is issued a credential, failure to comply with the laws or rules of the Department of Regulation and Licensing will be cause for disciplinary action.

Business Representative's Signature

Date

Business Representative's Name (type or print)

Subscribed and sworn before me this _____ day of _____, 20_____.

Signature of Notary Public

S E A L

Date Commission Expires

EXCEPTIONS

The following cemetery authorities are exempt from registration: cemetery authorities of a cemetery organized, maintained and operated by a town, village, city, church, synagogue or mosque, religious, fraternal or benevolent society or incorporated college of a religious order.

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@drl.state.wi.us
Website: http://drl.wi.gov

CONVICTIONS AND PENDING CHARGES

If you have been convicted of a crime or have criminal charges pending against you, complete this form and return it with your application. A \$6.00 fee is required in addition to your original application fees.

The Fair Employment Act (sections 111.31-111.395, Wis. Stats.) prohibits employment discrimination on the basis of conviction record or arrest record unless the circumstances of the conviction or arrest substantially relate to the circumstances of the particular job or licensed activity. The information requested on this form will be used to determine whether your application should be granted, approved with limitations, or denied. The information you provide on this form may be verified against criminal information records. Omission of information on this form will be considered a false statement on an application.

Profession you are applying for: _____

Last Name	First Name	MI	Former / Maiden Name(s)
-----------	------------	----	-------------------------

Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth	Social Security Number
____ month ____ day ____ year	_____

Information helps us identify your record, but is voluntary. It is not available to the public.

Ethnic/gender information is required to check criminal information records. Sex: M F Ethnic: White, not of Hispanic origin Black, not of Hispanic origin Hispanic American Indian or Alaskan Asian or Pacific Islander Other

- List all other names used: _____
- List all felonies, misdemeanors, and other violations of state or federal law of which you have ever been convicted, in this state or any other, whether the conviction resulted from a plea of no contest or a guilty plea or verdict. For each, list the date and location of the conviction. Please include all convictions that involved alcohol or other drug use, including convictions for operating while intoxicated. Do not include municipal ordinance violations or other traffic offenses.

It is your responsibility to submit certified copies of the police report or criminal complaint, judgment of conviction and sentencing, and verification of your compliance with all terms of each sentence, including chemical dependency assessments if ordered by the court. If the conviction is old and records have been destroyed, you must submit a written description of each offense, along with an explanation of the penalties imposed and verification that you completed all requirements.

<u>OFFENSE</u>	<u>DATE</u>	<u>CITY/STATE</u>

Attach additional sheet(s) if necessary.

Wisconsin Department of Regulation & Licensing

3. Have you ever been sentenced by a court to participate in an alcohol or other drug assessment, treatment or counseling program? YES NO MO/YR COMPLETED

 Did you successfully complete the program? _____
 Please attach the certificate of completion/discharge summary.

(Check all that apply)

4. Have you ever been sentenced to: YES NO MO/YR COMPLETED
 Probation _____
 Parole _____
 Ordered to pay restitution _____
 Did you successfully complete one of the above as ordered by the court? _____

If you are currently on probation or parole, you must request your probation/parole officer to send a letter describing your current probation/parole requirements and your compliance with supervision.

5. List all felonies, misdemeanors, or other violations of state or federal law for which you have been arrested and which are **pending**. Submit a copy of the police report/criminal complaint for each of the following pending charges.

<u>PENDING CHARGE</u>	<u>DATE OF ARREST</u>	<u>LOCATION OF ARREST (city/state)</u>

Comments you wish to make regarding your convictions or pending charges. Attach another sheet if necessary.

AFFIDAVIT OF APPLICANT

I state that I am the person referred to in this document and that all the information which I provided above is true in every respect. I understand that false or forged statements made in this document in connection with my application for a credential, or failing to provide relevant information, may be grounds for denial of the application, revocation of the credential granted to me, or criminal prosecution. This document must be signed before a notary public.

 Signature _____
 Date

Signed and sworn before me this _____ day of _____, 20 _____.

 Signature of Notary Public _____
 Date

My commission (is permanent) _____ expires _____.

SEAL

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@drl.state.wi.us
Website: <http://drl.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

CEMETERY AUTHORITY ANNUAL REPORT

FILING DEADLINE: On or Before March 1, 2007

NO FEE

This report must be filed by every cemetery authority which has been licensed as a cemetery authority by the Department of Regulation and Licensing pursuant to Wis. Stats. § 440.91.

PLEASE TYPE OR PRINT IN INK

SECTION I: GENERAL INFORMATION

1. NAME OF CEMETERY AUTHORITY (State the name of the cemetery authority, exactly as licensed with the Department.)

2. CEMETERY AUTHORITY LICENSE NUMBER:

3. ADDRESS OF PRINCIPLE OFFICE (number, street, city, state, zip code)

4. COUNTY

5. YES NO IS THIS CEMETERY AUTHORITY LICENSED AS A CEMETERY PRENEED SELLER?

6. TELEPHONE NUMBER: () _____

7. NAME OF CONTACT PERSON

8. NAME OF CEMETERY:

9. LOCATION OF CEMETERY (number, street, city, state, zip code):

10. THE ABOVE-DESCRIBED CEMETERY IS ORGANIZED AND OPERATED BY:

- A cemetery association created under Wis. Stats. § 157.062. We have enclosed, **as required**, a copy of the annual report filed with the Secretary of State pursuant to Wis. Stats. § 157.62(1)(a).
- A corporation organized under Wis. Stats. § 180 or 181. We have enclosed, **as required**, a copy of the annual report filed with the Secretary of State pursuant to Wis. Stats. § 180.1622 or 181.651.

For Receiving Use Only

OFFICE USE ONLY	
TYPE	REGISTRATION NUMBER
95	

Wisconsin Department of Regulation & Licensing

11. ADDITIONAL INFORMATION ABOUT THE CEMETERY AUTHORITY:

a. YES NO Did the Cemetery Authority have an operating budget of \$2500 or less during the past 12 months? If YES, stop here and submit this form to the Department.

Neither the Wisconsin Statutes, nor administrative rules define "operating budget"; however, one textbook defines "operating budget" to mean "an estimate of income and expenses required to maintain a property or business and keep it productive of its services for a given period, usually a year."

b. YES NO Does the Cemetery Authority have on deposit with the treasurer of the county or city in which its cemetery is located care funds which the Cemetery Authority has received for the care of lots?

c. The dates and locations of all meetings and elections.

Date	Location

d. **All cemetery corporations, NOT ASSOCIATIONS, must** complete the following information for each shareholder who beneficially owns, holds or has the power to vote 5% or more of any class of securities issued by the Cemetery Authority.

Name	Residence Address	Business Address

e. **All cemetery associations, NOT CORPORATIONS, must** complete the following information for each trustee (officer) of the Cemetery Authority.

Name	Address

Wisconsin Department of Regulation & Licensing

SECTION II: CARE FUNDS IN TRUST ACCOUNT

(Note: Report on care funds which you have placed in alternative investments in SECTION III, preneed trust funds in SECTION IV, and Gifts in SECTION V.)

1. COMPLETE THE FOLLOWING FOR ALL CARE FUNDS WHICH THE CEMETERY AUTHORITY HAS ON DEPOSIT WITH A FINANCIAL INSTITUTION. (Photocopy this page if you hold more than one care fund).

a. Name of Financial Institution in Which the Funds are Deposited or Invested.

b. Address of Financial Institution (number, street, city, state, zip code)

c. Name of Account at Financial Institution	d. Account Number	
e. Total Amount Deposited or Invested (1-1-06 to 12-31-06)	f. Income Accruing to Account (1-1-06 to 12-31-06)	g. Total Earnings Removed from Trust Account by Cemetery Authority. (1-1-06 to 12-31-06) (See Note Below)

h. Market Balance on 12-31-06

NOTE: "Total earnings removed from trust account by cemetery authority" refers to interest, dividends or capital gains which were not kept in the trust account, but were made available to the cemetery for its use solely to maintain the cemetery lots and grounds, and, if the amount of income exceeded the amount necessary to properly maintain the lots or grounds, any other portion of the cemetery including mausoleums. (See Wis. Stats. § 157.11(9g)(a)2)

Wisconsin Department of Regulation & Licensing

SECTION III: CARE FUNDS PLACED IN ALTERNATIVE INVESTMENTS

(i.e., bonds, stocks, certificates of deposit, mutual funds)

1. COMPLETE THE FOLLOWING FOR CARE FUNDS PLACED IN ALTERNATIVE INVESTMENTS AND NOT PLACED IN A TRUST ACCOUNT AT A FINANCIAL INSTITUTION.

- YES The Cemetery Authority has placed care funds received for the sale of cemetery lots in alternative investments? **(If the answer to this question is YES, complete the following questions and the enclosed affidavit (Form #2143.)**
- NO

2. CHECK THE TYPES OF ALTERNATIVE INVESTMENTS HELD:

- Bonds Certificates of Deposit Other _____
- Stocks Mutual Funds

3. SUMMARY INFORMATION

<p>a. Total Amount Received from the Sale of Cemetery Lots from 1-1-06 to 12-31-06, and Placed in One or More Alternative Investments</p>	<p>b. Total Income Accruing to All Care Funds Held in Alternative Investments (i.e., dividends, interest, capital gains), from 1-1-06 to 12-31-06</p>	<p>c. Total Earnings Paid to Cemetery Authority's Operating Account (See Note Below)</p>
-------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------

d. Market Value of All Alternative Investments as of 12-31-06.

NOTE: "Total earnings paid to cemetery authority's operating account" refers to interest, dividends or capital gains which were made available to the cemetery for its use solely to maintain the cemetery lots and grounds, and, if the amount of income exceeded the amount necessary to properly maintain the lots or grounds, any other portion of the cemetery including mausoleums. (See Wis. Stats. § 157.11(9g)(a)2)

Wisconsin Department of Regulation & Licensing

SECTION IV: PRENEED TRUST FUNDS

1. COMPLETE THE FOLLOWING FOR ANY PRENEED TRUST FUNDS OF THE CEMETERY AUTHORITY.
(Photocopy this page if you hold more than one preneed trust fund.)

a. Name of Wisconsin Financial Institution Where Funds are Located

b. Address of Wisconsin Financial Institution (number, street, city, state, zip code)

c. Name on the Account at Financial Institution		d. Account Number
e. Total Amount Deposited (1-1-06 to 12-31-06)	f. Income Accruing to Account (i.e., interest or dividends) (1-1-06 to 12-31-06)	g. Total Amount Withdrawn in Fulfillment of Preneed Sales Contracts (1-1-06 to 12-31-06)

h. Market Balance on 12-31-06

i. Enter the name and address of each warehouse where the cemetery merchandise sold by the Cemetery Authority is stored until delivery is made.

NAME	ADDRESS

Wisconsin Department of Regulation & Licensing

SECTION V: GIFTS RECEIVED, AS IN SEC. 157.11(8), STATS.

1. COMPLETE THE FOLLOWING FOR ALL GIFTS RECEIVED AND INCOME FROM GIFTS.
(Photocopy this page if you have more than one account for gifts received).

a. Total Amount of Gifts Received by Cemetery Authority (1-1-06 to 12-31-06)	b. Total Amount of Gifts Deposited in One or More Accounts (1-1-06 to 12-31-06)	c. Total Amount Earnings on Gifts (i.e., interest, etc.) If Not Accounted for in Sections II and III. (1-1-06 to 12-31-06)
d. Total Amount of Gifts (Principal and/or Interest) Expended by Cemetery Authority (1-1-06 to 12-31-06) (See Note Below)	e. Market Balance of All Gift Funds Held by Cemetery Authority and Not Accounted for in Sections II and III. (12-31-06)	

2. BRIEFLY EXPLAIN THE PURPOSE OF GIFTS RECEIVED: _____

3. IDENTIFY THE NAME OF THE FINANCIAL INSTITUTION(S) AND ACCOUNT NUMBER(S) IN WHICH ANY GIFTS ARE HELD:

Name	Account Number

NOTE: "Total amount of gifts expended by cemetery authority" refers to principal, interest, dividends or capital gains which were used by the cemetery for the improvement, maintenance, repair, preservation, ornamentation of a cemetery lot or structure in the cemetery, according to the terms of the gift and regulations by the cemetery authority. (See Wis. Stats. § 157.11(8))

Wisconsin Department of Regulation & Licensing

SECTION VI: CERTIFICATION OF FINANCIAL INSTITUTION

The Cemetery Authority filing an annual report with the Department of Regulation and Licensing shall submit this CERTIFICATE OF FINANCIAL INSTITUTION FOR EACH account identified in Sections II, IV, and V of the report.

Market Balance in Account on 12-31-06

The undersigned, a duly authorized official of the _____
(Financial Institution)

at _____, _____, _____,
(Street) (City) (State)

on behalf of this institution, does certify that _____,
a Cemetery Authority, maintains at this institution trust account number _____ with a _____ with a
balance as listed above and agrees the institution will allow an authorized representative of the Department of Regulation
and Licensing to examine and audit the account upon demand, and certifies that the following person(s) are the only ones
authorized to withdraw funds from this account:

Signature of Officer of Institution Title Date

Print Name of Officer

SECTION VII: CERTIFICATION OF CEMETERY AUTHORITY

NOTE: Authorized Representative of Cemetery Authority MUST sign in the presence of a Notary Public.

I hereby swear and affirm that the information reported on this form is true and correct to the best of my knowledge and belief.

Signature of Authorized Representative of Cemetery Authority Title Date

Print Name of Representative

Subscribed and sworn before me this _____, day of _____, 20 _____.

Signature of Notary Public (Seal) Date Commission Expires

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@drl.state.wi.us
Website: http://drl.wi.gov

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

APPLICATION FOR LICENSURE OF CEMETERY PRENEED SELLER

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

PLEASE TYPE OR PRINT IN INK

Your name and address are available to the public.
 Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.)

SECTION A: TO BE COMPLETED BY PRENEED SELLER

PRENEED SELLER IS::

<input type="checkbox"/> Partnership	<input type="checkbox"/> Individual Person including Officer or Partner who engages in preneed sales, employed by a registered preneed seller
<input type="checkbox"/> Corporation	
<input type="checkbox"/> Cemetery Association	
<input type="checkbox"/> Municipality	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Sole Proprietor	

Last Name	First Name	MI	Former / Maiden Name(s)
-----------	------------	----	-------------------------

Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth ____ month ____ day ____ year	Daytime Telephone Number (____) _____ - _____
------------------------------------------------	--------------------------------------------------

Ethnic/gender status information is optional. Sex: M F Ethnic: White, not of Hispanic origin Black, not of Hispanic origin Hispanic American Indian or Alaskan Asian or Pacific Islander Other

Have you ever held a license/credential in the state of Wisconsin? _____ Yes _____ No (please indicate)
If yes, provide your Wisconsin license/credential number. _____

The cemetery preneed seller license expires on December 14 of the even -numbered year. It may be renewed for a two year period at that time.

BUSINESS OR OCCUPATION OF APPLICANT FOR THE LAST TWO YEARS

APPLICATION FEE: Please make check payable to Department of Regulation and Licensing and attach to this application.

- \$ 53.00 Initial credential fee
- \$ 86.00 Reinstatement fee

OFFICE USE ONLY

TYPE	HE CODE	REGISTRATION #	GRANT DATE
101	17		
DETAIL			

For Receiving Use Only

Wisconsin Department of Regulation & Licensing

8. STATEMENT OF ARREST OR CONVICTION: MARK AN X IN THE APPROPRIATE BOX.

If you answer YES to any questions, give all details on a separate sheet.

- | | <u>YES</u> | <u>NO</u> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| A. Has the applicant ever been convicted of a misdemeanor or a felony, or driving while intoxicated (DWI), in this or any other state, OR are criminal charges or DWI charges currently pending against the applicant? <u>If YES, complete and attach Form #2252.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Has the applicant ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? <u>If YES, give details on an attached sheet, including the name of the profession and the agency.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Has any licensing or other credentialing agency ever taken any disciplinary action against the applicant, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? <u>If YES, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Is disciplinary action pending against the applicant in any jurisdiction? <u>If YES, attach a sheet providing details about pending action, including the name of the agency and status of action.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Have any suits or claims ever been filed against you as a result of professional services? <u>If YES, submit a copy of the claim or suit and a copy of the final settlement or disposition.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Does the applicant currently hold, or has the applicant in the past held, any credential (license) issued by the Department of Regulation and Licensing or any of the Boards? <u>If YES, what type of credential?</u> | <input type="checkbox"/> | <input type="checkbox"/> |

And if in another name, what name? _____

9. APPLICANT'S SIGNATURE

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 or rules of the Department of Regulation and Licensing will be cause for disciplinary action.

Signature of Individual Applicant

Title

Type or Print Name of Person Signing Above

Wisconsin Department of Regulation & Licensing

SECTION B: TO BE COMPLETED BY THE PRENEED SELLER/EMPLOYER OF AN APPLICANT WHO IS OR WILL BE AN OFFICER, PARTNER OR EMPLOYEE OF THE PRENEED SELLER/EMPLOYER

1. NAME OF EMPLOYER EXACTLY AS IT APPEARS ON REGISTRATION CERTIFICATE

2. REGISTRATION NUMBER

3. DAYTIME TELEPHONE NUMBER
()

4. ADDRESS (Number, Street, City, State, Zip Code)

5. PRINT OR TYPE NAME OF EMPLOYER SIGNING BELOW

6. EMPLOYER CERTIFICATION

This is to certify that the applicant in Section A is competent to act as a preneed seller and that the employer will assume responsibility for the applicant pursuant to the Department rules.

Signature of Employer: Sole Proprietor, Officer
of Corporation or Association, Partner of a
Partnership, or Municipal Official

Title of Person Signing

Type or Print Name of Person Signing Above

Date

DETAILS

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

1400 E. Washington Avenue
Madison, WI 53703

FAX #: (608) 261-7083
Phone #: (608) 266-2112

E-Mail: web@drl.state.wi.us
Website: http://drl.wi.gov

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

APPLICATION FOR NEW CEMETERY SALESPERSON LICENSE

IMPORTANT:

Every individual who expects to sell or solicit, or who actually sells or solicits, the sale of a total of 10 or more cemetery lots or mausoleum spaces during a calendar year and who receives any commission or other compensation for doing so shall register with the Department. An individual may not be registered as a cemetery salesperson except upon the written request of a cemetery authority and the payment of the \$53 fee. **An applicant may not begin to solicit or sell lots or mausoleum spaces until he or she has received a registration certificate from the Department.**

EXCEPTION:

An individual who solicits the sale of cemetery lots or mausoleum spaces in a cemetery organized, maintained or operated by a town, village, city, church, synagogue or mosque, religious, fraternal or benevolent society or incorporated college of a religious order is not required to be registered.

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

PLEASE TYPE OR PRINT IN INK

Your name and address are available to the public.
 Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.)

Last Name	First Name	MI	Former / Maiden Name(s)
-----------	------------	----	-------------------------

Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth ____ month ____ day ____ year	Daytime Telephone Number (____) _____ - _____
------------------------------------------------	--------------------------------------------------

Ethnic/gender status information is optional. Sex: M F Ethnic: White, not of Hispanic origin Black, not of Hispanic origin Hispanic American Indian or Alaskan Asian or Pacific Islander Other

Have you ever held a license/credential in the state of Wisconsin? _____ Yes _____ No (please indicate)
If yes, provide your Wisconsin license/credential number. _____

The cemetery salesperson license expires on December 14 of the even-numbered year. It may be renewed for a two year period at that time.

6. BUSINESS OR OCCUPATION FOR THE LAST TWO YEARS.

For Receiving Use Only

APPLICATION FEE: Please make check payable to Department of Regulation and Licensing and attach to this application.

- \$ 53.00 Initial credential fee
- \$115.00 Reinstatement fee

OFFICE USE ONLY

TYPE	HE CODE	REGISTRATION #	GRANT DATE
96	#17		
DETAIL			

Wisconsin Department of Regulation & Licensing

STATEMENT OF ARREST OR CONVICTION: MARK AN X IN THE APPROPRIATE BOX.

If you answer YES to any questions, give all details on a separate sheet.

- | | <u>YES</u> | <u>NO</u> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| A. Have you ever been convicted of a misdemeanor or a felony, or driving while intoxicated (DWI), in this or any other state, OR are criminal charges or DWI charges currently pending against you? <u>If YES, complete and attach Form #2252.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? <u>If YES, give details on an attached sheet, including the name of the profession and the agency.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? <u>If YES, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Is disciplinary action pending against you in any jurisdiction? <u>If YES, attach a sheet providing details about pending action, including the name of the agency and status of action.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Have any suits or claims ever been filed against you as a result of professional services? <u>If YES, submit a copy of the claim or suit and a copy of the final settlement or disposition.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Do you currently hold, or have you in the past held, any credential (license) issued by the Department of Regulation and Licensing or any of the Boards? <u>If YES, what type of credential?</u> | <input type="checkbox"/> | <input type="checkbox"/> |

And if in another name, what name? _____

Applicant Must Sign in the Presence of a Notary Public.

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 Regulation and Licensing will be cause for disciplinary action.

Signature of Applicant

Date

Subscribed and sworn before me this _____ day of _____, _____.

Signature of Notary Public

(Seal)

Date Commission Expires

Wisconsin Department of Regulation & Licensing

SECTION B: TO BE COMPLETED BY PROSPECTIVE CEMETERY ASSOCIATION OR CORPORATION EMPLOYER

1. NAME OF CEMETERY ASSOCIATION OR CORPORATION EXACTLY AS LICENSED WITH THE DEPARTMENT AND AS IT APPEARS ON THE CERTIFICATE.

2. LICENSE NUMBER AS IT APPEARS ON THE CEMETERY ASSOCIATION OR CORPORATION CERTIFICATE

3. TELEPHONE NUMBER OF YOUR MAIN OFFICE
()

4. BUSINESS ADDRESS OF YOUR MAIN OFFICE (Number, Street, City, State, Zip Code)

5. THIS IS TO CERTIFY that the applicant is competent to act as a cemetery salesperson and that we will assume responsibility for the applicant pursuant to the Department rules.

Signature of Association or Corporation Officer

Title

Print or Type Name of Person Signing Above

Date



WISCONSIN LEGISLATIVE COUNCIL RULES CLEARINGHOUSE

Ronald Sklansky
Clearinghouse Director

Terry C. Anderson
Legislative Council Director

Richard Sweet
Clearinghouse Assistant Director

Laura D. Rose
Legislative Council Deputy Director

CLEARINGHOUSE REPORT TO AGENCY

[THIS REPORT HAS BEEN PREPARED PURSUANT TO S. 227.15, STATS. THIS IS A REPORT ON A RULE AS ORIGINALLY PROPOSED BY THE AGENCY; THE REPORT MAY NOT REFLECT THE FINAL CONTENT OF THE RULE IN FINAL DRAFT FORM AS IT WILL BE SUBMITTED TO THE LEGISLATURE. THIS REPORT CONSTITUTES A REVIEW OF, BUT NOT APPROVAL OR DISAPPROVAL OF, THE SUBSTANTIVE CONTENT AND TECHNICAL ACCURACY OF THE RULE.]

CLEARINGHOUSE RULE **07-050**

AN ORDER to repeal chapters RL 50 and 51; and to create chapters CB 1 and 2, relating to the regulation of cemetery authorities, cemetery salespersons, and cemetery preneed sellers.

Submitted by **DEPARTMENT OF REGULATION AND LICENSING**

05-17-2007 RECEIVED BY LEGISLATIVE COUNCIL.

06-11-2007 REPORT SENT TO AGENCY.

RNS:SG

LEGISLATIVE COUNCIL RULES CLEARINGHOUSE REPORT

This rule has been reviewed by the Rules Clearinghouse. Based on that review, comments are reported as noted below:

1. STATUTORY AUTHORITY [s. 227.15 (2) (a)]

Comment Attached YES NO

2. FORM, STYLE AND PLACEMENT IN ADMINISTRATIVE CODE [s. 227.15 (2) (c)]

Comment Attached YES NO

3. CONFLICT WITH OR DUPLICATION OF EXISTING RULES [s. 227.15 (2) (d)]

Comment Attached YES NO

4. ADEQUACY OF REFERENCES TO RELATED STATUTES, RULES AND FORMS
[s. 227.15 (2) (e)]

Comment Attached YES NO

5. CLARITY, GRAMMAR, PUNCTUATION AND USE OF PLAIN LANGUAGE [s. 227.15 (2) (f)]

Comment Attached YES NO

6. POTENTIAL CONFLICTS WITH, AND COMPARABILITY TO, RELATED FEDERAL
REGULATIONS [s. 227.15 (2) (g)]

Comment Attached YES NO

7. COMPLIANCE WITH PERMIT ACTION DEADLINE REQUIREMENTS [s. 227.15 (2) (h)]

Comment Attached YES NO



WISCONSIN LEGISLATIVE COUNCIL RULES CLEARINGHOUSE

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Clearinghouse Director

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CLEARINGHOUSE RULE 07-050

Comments

[NOTE: All citations to "Manual" in the comments below are to the Administrative Rules Procedures Manual, prepared by the Revisor of Statutes Bureau and the Legislative Council Staff, dated January 2005.]

1. Statutory Authority

In s. CB 2.01, the department should include a reference to s. 440.905, Stats.

2. Form, Style and Placement in Administrative Code

In the introductory clause of the rule-making order, the department should place a comma after the phrase "chs. CB 1 and 2".

3. Conflict With or Duplication of Existing Rules

In the plain language section of the rule analysis, the department states that chs. CB 1 and 2 substantively mirror chs. RL 50 and 51. Should the department note that s. CB 2.02 has a filing deadline of March 1, instead of the April 1 filing deadline specified in s. RL 51.02?

4. Adequacy of References to Related Statutes, Rules and Forms

a. In the comparison with rules in adjacent states section of the rule analysis, the department should cite: www.ioc.state.il.us/office/ccbt/ as the source of information regarding cemetery regulation in Illinois.

b. In the comparison with rules in adjacent states section of the rule analysis, the department should provide a more specific reference to the Minnesota statutes that impose requirements for cemeteries. Generally, information on Minnesota statutes relating to cemeteries may be viewed at: http://ros.leg.mn/data/revisor/statutes_index/current/C/CE/cemeteries.html.

c. In the comparison with rules in adjacent states section of the rule analysis, should the department note that Iowa classifies cemeteries as a "regulated industry" for purposes of regulation by the Iowa Insurance Commissioner's Office or provide additional directions to reach information on cemetery regulation?

d. In s. CB 2.01, the department cites ss. 157.62 (2) and (7), 157.63, and 440.92 (6) (k), Stats. In the rule analysis, should the department refer to these sections as providing statutory authority?