

<i>Check appropriate application:</i>	FD	EMB
Conference Certificate		
Out-of-State Licensure		
by Written Examination		

#E _____ issued _____
 #F _____ issued _____

Arizona State Board of Funeral Directors and Embalmers

1400 West Washington, Suite 230, Phoenix, Arizona 85007 (602) 542-3095 FAX: (602) 542-3093

APPLICATION FOR EMBALMER AND/OR FUNERAL DIRECTOR LICENSE

FULL NAME _____ SS # _____ PHONE _____

ADDRESS _____

ZIP _____

Mailing address (if different than above) _____

ZIP _____

PLACE OF EMPLOYMENT _____

PHONE NO _____

PRIOR NAMES OR ALIASES _____

DATE AND LOCATION OF BIRTH _____



EDUCATION	NAME OF SCHOOL	LOCATION	GRADUATION DATE
HIGH SCHOOL			
MORTUARY SCHOOL			
OTHER SCHOOL			

APPRENTICESHIP

DATE FROM	DATE TO	STATE	REGIST. #	DATE ISSUED	MORTUARY	#OF BODIES

Does the state you were licensed in require mortuary school graduation prior to apprenticeship ?

YES NO

EMBALMING LICENSURE AND EXPERIENCE

DATE FROM	DATE TO	STATE	LICENSE #	DATE ISSUED	MORTUARY

FUNERAL DIRECTING LICENSURE AND EXPERIENCE

DATE FROM	DATE TO	STATE	LICENSE #	DATE ISSUED	MORTUARY

BACKGROUND REVIEW

- | | yes | no |
|---|-------|-------|
| 1. Have you legally embalmed 25 or more human bodies? | _____ | _____ |
| 2. Have you submitted verification of apprenticeship? | _____ | _____ |
| 3. Have you successfully completed the Conference of Funeral Service Examining Boards' national examination? | _____ | _____ |
| 4. Have you been in funeral practice during the past five years? | _____ | _____ |
| 5. Have you ever been convicted of or entered into a plea of no contest to a class 1 or 2 felony? | _____ | _____ |
| 6. Have you within five years from the date of the application been convicted of or entered into a plea of no contest to a felony or to a misdemeanor that is reasonably related to the applicant's proposed area of licensure? including the following: | _____ | _____ |
| (1) Charged with a felony or misdemeanor; | | |
| (2) Date of conviction; | | |
| (3) Court having jurisdiction over the felony or misdemeanor; | | |
| (4) Probation Officer's name, address, and telephone number if applicable; and | | |
| (5) A copy of the notice of expungement if applicable; and | | |
| (6) A copy of the notice of restoration of civil rights, if applicable; | | |
| 7. Have you within five years from the date of the application, committed any act involving dishonesty, fraud, misrepresentation, breach of fiduciary duty, gross negligence, or incompetence reasonably related to the applicant's proposed area of licensure? | _____ | _____ |
| 8. Are you currently incarcerated or on community supervision after a period of imprisonment in a local, state or federal penal institution or on criminal probation? | _____ | _____ |
| 9. Have you within five years from the date of the application had an application for a license, registration, certificate, or endorsement denied or rejected by any state funeral licensing authority? including the: | _____ | _____ |
| (1) Reason for the denial or rejection; | | |
| (2) Date of the denial or rejection, and | | |
| (3) Name and address of the agency that denied or rejected the application; | | |

yes no

10. Have you within five years from the date of the application, had a license, registration, certificate, or endorsement suspended or revoked by any state funeral licensing authority? including: _____

- (1) Reason for the suspension or revocation;
- (2) Date of the suspension or revocation;
- (3) Name and address of the state licensing authority that suspended or revoked license

11. Have you ever surrendered a license, registration, certificate, or endorsement to the board or any state funeral licensing authority? _____



NOTE: In the event that the response to any of the questions above is "Yes," you must file an explanation and submit all court documents.

Failure to properly answer these questions can result in Board disciplinary action, including revocation or Denial of license.

THIS APPLICATION IS INCOMPLETE IF ALL ANSWERS ARE NOT PROVIDED AS REQUESTED.

AFFIDAVIT BY APPLICANT

I, _____, understand that all documents submitted as a requirement of this application are made part of this application and that any false statements contained herein or any false documents submitted herewith constitute cause for suspension or revocation of any license or registration granted by this Board.

I have read the foregoing application and know the contents thereof, and the matters and things herein stated are true and correct.

signature of applicant

Duly acknowledged, subscribed and sworn to before me this _____ day of _____ 20_____.

notary public

PROFESSIONAL ENDORSEMENT CERTIFICATION

I, _____, hereby state that I am a licensed funeral director and embalmer duly licensed in the state of _____. My license numbers and dates of issue are: _____

_____ I have personally known _____, the signed of this application, for _____ years and hereby certify that I am familiar with and can vouch for the applicant's good character, reputation and professional attitudes. I recommend that this application be accepted.

signature of endorsee

address

Duly acknowledged, subscribed and sworn to before me this _____ day of _____ 20_____.

notary public

PERSONAL ENDORSEMENT CERTIFICATION

I, _____, hereby state that I have known _____, the signer of this application for _____ years. I certify that I am familiar with and can vouch for the applicant's good character, reputation and professional ability. I recommend this application be accepted.

signature of endorsee

address

Duly acknowledged, subscribed and sworn to before me this _____ day of _____ 20_____.

notary public

IF YOU ARE APPLYING FOR RECOGNITION OF OUT-OF-STATE LICENSURE, THE FOLLOWING IS TO BE COMPLETED BY THE LICENSING AGENCY IN THE STATE WHERE YOU ARE PRESENTLY LICENSED.

STATE CERTIFICATION

This is to certify that _____ currently holds license or registration in the state of _____ as follows:

	LICENSE #	DATE ISSUED	HOW QUALIFIED (exam, reciprocity, national)
EMBALMER			
FUNERAL DIRECTOR			
MORTUARY SERVICES (dual license)			

Has disciplinary action been taken against this applicant? yes _____ no _____

If such action has been taken, please send the documentation to this Board with certification of licensure.

DATED THIS _____ DAY OF _____ 20_____

signature

title

address

THE ABOVE SIGNATURE MUST BE NOTARIZED OR THE STATE SEAL MUST BE AFFIXED.



- file complete
 - background complete
 - Board approved
 - for written exam
 - conference certificate/transcript
 - application fee rec'd
 - high school diploma/GED rec'd
 - mort school diploma/transcript rec'd
 - apprenticeship verified
- _____ months

- fingerprints rec'd
- fingerprint fee rec'd
- sent to DPS
- background OK
- oral exam passed
- license fee rec'd
- license issued/typed/mailed
- database entry complete
- file label