

APPLICATION FOR EMBALMER ASSISTANT

Arizona State Board of Funeral Directors and Embalmers

FULL NAME _____ SS# _____ PHONE NO _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

MAILING ADDRESS (if different) _____ ZIP _____

PLACE OF EMPLOYMENT _____

_____ PHONE NO _____

PRIOR NAMES OR ALIASES _____

DATE AND LOCATION OF BIRTH _____

EDUCATION	NAME OF SCHOOL	LOCATION	GRAD. DATE
High School	_____	_____	_____
Mortuary School	_____	_____	_____
Other	_____	_____	_____

APPRENTICESHIP				TOTAL NUMBER OF BODIES EMBALMED	
Date (mo/yr)		State	Regist.#	Date Issued	Mortuary
From	To				

(USE ADDITIONAL SHEETS IF NECESSARY)

Does your state require mortuary school graduation prior to apprenticeship? Yes _____ No _____

BACKGROUND REVIEW

yes no

1. 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;

2. 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

3. Have you within five years from the date of the application 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 therein stated are true and correct.

signature of applicant

Duly acknowledged, subscribed and sworn to before me this _____ day of _____ 19_____.

Notary Public

THIS SECTION TO BE COMPLETED BY APPLICANT'S EMPLOYER

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 before me this _____ day of _____ 19_____.

Notary Public

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