

#F \_\_\_\_\_ issued \_\_\_\_\_

ARIZONA STATE BOARD OF FUNERAL DIRECTORS AND EMBALMERS

APPLICATION FOR MULTIPLE FUNERAL DIRECTOR LICENSE

FULL NAME \_\_\_\_\_ PHONE NO: \_\_\_\_\_

ADDRESS \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

**ARS § 25-320**  
**Social Security No.**

PRIOR NAMES OR ALIASES \_\_\_\_\_

DATE AND LOCATION OF BIRTH \_\_\_\_\_

I AM PRESENTLY RESPONSIBLE FUNERAL DIRECTOR AT THE FOLLOWING  
ESTABLISHMENTS: \_\_\_\_\_

(Name and address of current establishment)

INCLUDE DATES SERVICED AS RFD \_\_\_\_\_

PHONE NO. (S) \_\_\_\_\_

I WISH TO BECOME RESPONSIBLE FUNERAL DIRECTOR AT THE FOLLOWING ESTABLISHMENT:

NAME AND ADDRESS OF ESTABLISHMENT: \_\_\_\_\_

PHONE NO. (S) \_\_\_\_\_

**THE BOARD PRIOR TO THE ISSUANCE OF MULTIPLE LICENSES MAY CONSIDER THE FOLLOWING FACTORS. THEREFORE THE BELOW LISTED QUESTIONS SHOULD BE ANSWERED IN THE SPACES PROVIDED OR IF NEEDED PLEASE COMPLETE ON A SEPARATE SHEET FOR BOARD REVIEW. THESE VARIOUS FACTORS INCLUDING ANY OTHER INFORMATION DEEMED NECESSARY BY THE BOARD MAY ADDITIONALLY BE REQUESTED TO FURTHER PROCESS THIS APPLICATION.**

1. The distance between establishments and total time it takes to leave and arrive at the next establishment under normal and legal conditions. Include the home address of applicant, distance and total time it takes to arrive at establishments from home address.
2. Total number of death calls or business conducted at each proposed site of multiple licensees. Include previous years and anticipated calls for additional establishment.
3. Complaint record history of all establishments, which would fall under the purview, and responsibility of multiple licensee holders. Please include individual and pending complaints.

Complaints from previous year. Date and Type.

Current Year Complaints. Date and Type

4. Experience of licensee, which includes length of time applicant, has been licensed as a Funeral Director. The duration or time served as a Responsible Funeral Director.

5. The number of personnel licensed by the State of Arizona in each establishment by the following categories: Include the distribution of licensed personnel at each location.

Location #1

Location #2

Funeral Director \_\_\_\_\_

Funeral Director \_\_\_\_\_

Funeral Director/Embalmer \_\_\_\_\_

Funeral Director/Embalmer \_\_\_\_\_

Embalmers \_\_\_\_\_

Embalmers \_\_\_\_\_

Interns \_\_\_\_\_

Interns \_\_\_\_\_

Apprentices \_\_\_\_\_

Apprentices \_\_\_\_\_

Pre-Need Sales \_\_\_\_\_

Pre-Need Sales \_\_\_\_\_

6. Explain in detail your operational/procedural plans to support the provisions of services and oversight at multiple locations. This may include the establishment's access to refrigeration and explanation of how coverage will be maintained in the case of illness, vacation or simultaneous calls for service. What

procedures have been implemented if technical complications arise from the embalming process or with cosmetic procedures? Your response from consumers requesting service?

BACKGROUND REVIEW

Yes      No

- |  |       |       |
|--|-------|-------|
| 1. With the exception of a driver's license, have you ever had any license or Registration denied, suspended or revoked?<br>(See #4 below) | _____ | _____ |
| 2. Have you ever been convicted of a felony? (See #5 below)  | _____ | _____ |
| 3. Other than a traffic violation, have you ever been convicted of a misdemeanor?  | _____ | _____ |

WHERE NECESSARY, SUBMIT THE FOLLOWING INFORMATION ON A SEPARATE SHEET ENCLOSED WITH THIS APPLICATION

4. If the answer to #1 above is YES, provide the name of the State, the type of action taken, the cause of the action and its status.
5. If the answer to #2 above is YES, provide a statement, which contains your name, address, and current telephone number; nature of the charges; court of jurisdiction, city and state; date of conviction; name, address and phone number of probation officer. Advise if civil rights have been restored and provide such evidence, if applicable.
6. If the answer to #3 above is YES, provide a statement of charges and their disposition.

\_\_\_\_\_

**This Responsible Funeral Director Multiple Licenses is granted after consideration of the application in total, including but not limited to, distance between establishments and number of death calls. In the event of material changes, modifications or alterations of the information as presented in the original**

**application, the Board may, in its discretion, set a hearing to determine if renewal is in the best interest of the health, safety and welfare of the people of the State of Arizona. The hearing shall be set no later than 120 days prior to the date of renewal of the Responsible Funeral Director Multiple Licenses.**

AFFIDAVIT

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_ being first duly sworn and upon my oath, depose and state:

I am the \_\_\_\_\_ of \_\_\_\_\_  
(Owner, partner, official title) (Establishment, partnership, corporation)

on behalf of which I make this affidavit being hereunto duly authorized. I or the organization herein named is the owner of the funeral establishment for which a license is sought by the foregoing application. I have read such application and know the contents thereof, and the matters and things therein stated are true and correct.

Duly acknowledged, subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public