

Type or Print in Ink

Mail to:
P.O. Box 309522
Montgomery, Al 36130



ALABAMA BOARD OF FUNERAL SERVICE
APPRENTICESHIP REACTIVATION APPLICATION

OFFICE USE ONLY
<input type="checkbox"/> APPROVED
<input type="checkbox"/> DENIED
Expires: _____

If it has been more than a year since your last apprenticeship certification you must complete the checklist requirements and original apprentice application

Name: _____
(First) (Middle) (Last) (Suffix)

Residence Address: _____
(Street & No. / P.O. Box) (City, State Zip, County)

Email Address: _____

Business Address: _____
(Street & No. / P.O. Box) (City, State Zip)

Contact Number: _____ Social Security #: _____

Date of Birth: _____ Place of Birth: _____

Apprenticeship Served at: _____
(Establishment Name) Name of Licensed Supervisor(s) _____

Reason for not completing original apprenticeship (attach additional pages if needed).

Are you currently enrolled in an accredited Mortuary School? Yes No

If yes, School Name: _____ Expected Graduation Date: _____

Have you ever held an apprenticeship certification in Alabama? Yes No Date of last certification. _____

Have you passed the National Board Exam (NBE) administered by The International Conference of Funeral Service Examining Boards (ICFSEB)? Yes No Month/Year passed: _____.

Have you passed the State Board Exam (SBE) administered by The International Conference of Funeral Service Examining Boards (ICFSEB)? Yes No Month/Year passed: _____.

Have you passed the Alabama State Law Exam? Yes No Month/Year passed: _____.

Have you ever been convicted of a felony or misdemeanor, other than a traffic violation? Yes No
If yes, please attach certified court records.

I certify that I am a citizen of the United States or legally present in the United States. I certify that I have provided proof of my citizenship as required by Section 31-13-20 of the Code of Alabama 1975. Yes No

Have you ever had any license or registration to practice embalming for funeral directing revoked, suspended, fined, placed on probation, voluntarily surrendered or otherwise disciplined, in this state or any other state of jurisdiction? Yes No
If yes, please attach details.

I hereby apply for reactivation as an _____ Apprentice Funeral Director (\$20.00) and/or _____ Apprentice Embalmer (\$20.00) and have submitted the corresponding fee for each reactivation applied for. I attest that the information and data supplied on this application is true and any false statement will cause the Permanent License Reactivation to be denied or revoked. I have read and understand the provisions of Title 34, Chapter 13, Code of Alabama, 1975, which govern the issuance and maintenance of the license requested.

I hereby certify under penalty of perjury that I have read this application in its entirety. The responses and attached materials I have provided are true and accurate to the best of my knowledge. I further certify that I am of good moral character and have reviewed and will at all time comply with all applicable state laws, rules and regulations governing the license I am seeking to obtain. I hereby authorize and direct any person, agency, firm, or other entity to release upon the request of the Alabama Board of Funeral Service, any information, communication, report, record, statement recommendation or disclosure that may have bearing on my eligibility for or continuance of the license for which I am applying. I understand that by signing this application, I am authorizing the release of information about me that may otherwise be protected or confidential

I UNDERTSAND THAT ANY FALSE STATEMENT GIVEN HEREIN OR ON THE ORIGINAL FOR PERMANENT LICENSE WILL SUBJECT MY LICENSE TO REVOCATION.

(Signature of Applicant)

Subscribed and sworn to before me, a Notary in the State of Alabama this _____ day of _____, 20_____.

Seal

Notary Public

My Commission expires on _____

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