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ALABAMA BOARD OF FUNERAL SERVICE
SPECIAL WORK PERMIT REACTIVATION APPLICATION

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

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

Email Address: _____

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

Contact Number: _____ Social Security #: _____

Date of Birth: _____ Place of Birth: _____

Date of Previous Special Work Permit: Funeral Director _____ Embalmer _____

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 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 Special Work Permit Reactivation as a _____ Funeral Director (\$25.00) and/or _____ Embalmer (\$25.00). I attest that the information and data supplied on this application is true and any false statement will cause the Special Work Permit 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

My Commission expires on _____

Notary Public

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