

PHYSICAL ADDRESS:
 400 SOUTH UNION STREET
 SUITE 395
 MONTGOMERY, ALABAMA 36104

WEBSITE: www.fsb.alabama.gov



MAILING ADDRESS:
 P.O. BOX 309522
 MONTGOMERY, AL 36130-9522

PHONE: 334-242-4049
 FAX: 334-353-7988

LICENSEE RENEWAL APPLICATION

Renewal of Funeral Director and/or Embalmer and/or Practical Embalmer and/or Cremationist licenses for the period of October 1, 2020 through September 30, 2022, is now due. Please complete the information below and return with the appropriate fees to the Board office. **Please PRINT or TYPE all information!! This form must accompany your renewal fee.**

NAME: _____

PHYSICAL ADDRESS: _____

CITY STATE ZIP CODE

MAILING ADDRESS: _____

CITY STATE ZIP CODE

EMAIL: _____

CONTACT NUMBER: _____ DATE OF BIRTH: _____

ARE YOU EMPLOYED BY A FUNERAL ESTABLISHMENT? YES ___ NO ___ PART TIME ___ FULL TIME ___

ESTABLISHMENT NAME: _____ BUSINESS PHONE: _____

ESTABLISHMENT ADDRESS: _____

Have you been convicted or plead guilty to a felony or misdemeanor, other than a traffic violation WITHIN THE PAST TWELVE MONTHS? YES ___ NO ___ If yes, please explain and attach OFFICAL COURT DOCUMENTS.

I certify that I (___ Have ___ Have Not) completed the required 8 hours of continuing education, including bloodborne pathogen/universal precaution and ethics, for the biennial period of October 1, 2018 to September 30, 2020. I understand, if I have not completed the required hours and courses, my license(s) will not be renewed until the requirements are met.

___ I certify that I am exempt from completing CE requirements in accordance with § 34-13-53(c)(2), Code of Ala., 1975

I UNDERSTAND THAT ANY FALSE STATEMENT GIVEN HEREIN WILL SUBJECT MY LICENSE TO REVOCATION.

SIGNATURE OF APPLICANT _____

| LICENSE TYPE | PERMENANT LICENSE NUMBER | FEE |
|--------------------|--------------------------|----------|
| FUNERAL DIRECTOR | _____ | \$200.00 |
| EMBALMER | _____ | \$200.00 |
| PRACTICAL EMBALMER | _____ | \$200.00 |
| CREMATIONIST | _____ | \$100.00 |

All renewal applications must be returned with fees by October 1, 2020. **A penalty fee of **\$100.00** will be due on each license renewed after October 1, 2020 through October 31, 2020. After this period, any lapsed license may be reinstated only by complying with the provisions relating to the issuance of an original license, in addition to payment of all lapsed fees and penalties.

Office Use Only

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|-----------|---------|----------------------|------------|--------------|--|
| Received: | Posted: | CA, CK, CC, CCK, MO: | Posted By: | Control No.: | |
| | | | | FD | |
| | | | | EM | |
| | | | | CM | |