



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

**Alabama Board of Funeral Service
APPRENTICESHIP REACTIVATION APPLICATION**

IF IT HAS BEEN MORE THAN ONE YEAR SINCE YOUR LAST APPRENTICESHIP CERTIFICATION YOU MUST COMPLETE THE CHECKLIST REQUIREMENTS, BACKGROUND CHECK AND ORIGINAL APPRENTICESHIP APPLICATION

This form must accompany your application fee. (All application fees are non-refundable)

PLEASE PRINT

FIRST NAME	MIDDLE NAME	LAST NAME	SSN:	
MAILING ADDRESS		CITY	STATE	ZIP
PHYSICAL ADDRESS		CITY	STATE	ZIP
EMAIL ADDRESS*		DATE OF BIRTH	CONTACT NUMBER	
APPRENTICESHIP BEING SERVED AT (ESTABLISHMENT NAME)				
NAME OF LICENSED SUPERVISOR (FUNERAL DIRECTOR)			LICENSE NUMBER	
NAME OF LICENSE SUPERVISOR (EMBALMER)			LICENSE NUMBER	
REASON FOR NOT COMPLETING ORIGINAL APPRENTICESHIP				
<p>ARE YOU CURRENTLY ENROLLED IN AN ACCREDITED MORTUARY SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, NAME OF SCHOOL _____ EXPECTED GRADUATION DATE: _____</p> <p>HAVE YOU EVER HELD AN APPRENTICESHIP IN ALABAMA? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>HAVE YOU PASSED THE NATIONAL BOARD EXAM (NBE) ADMINISTERED BY THE INTERNATIONAL CONFERENCE OF FUNERAL SERVICE EXAMINING BOARDS (ICFSEB)? <input type="checkbox"/> YES <input type="checkbox"/> NO SECTION/MONTH/YEAR PASSED: _____</p> <p>HAVE YOU PASSED THE STATE BOARD EXAM (SBE) ADMINISTERED BY THE INTERNATIONAL CONFERENCE OF FUNERAL SERVICE EXAMINING BOARDS (ICFSEB)? <input type="checkbox"/> YES <input type="checkbox"/> NO SECTION/MONTH/YEAR PASSED: _____</p> <p>HAVE YOU PASSED THE LAWS, RULE AND REGULATIONS (LRR) EXAM? <input type="checkbox"/> YES <input type="checkbox"/> NO MONTH/YEAR PASSED: _____</p> <p>HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR, OTHER THAN A TRAFFIC VIOLATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ATTACH CERTIFIED COURTS RECORDS.</p> <p>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 34-13-20 OF THE CODE OF ALABAMA 1975. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>HAVE YOU EVER HAD ANY LICENSE OR REGISTRATION TO PRACTICE EMBALMING OR FUNERAL DIRECTING REVOKED, SUSPENDED, FINED PLACED ON PROBATION, VOLUNTARILY SURRENDERED OR OTHERWISE DISCIPLINED, IN THIS STATE OR ANY OTHER STATE OR JURISDICTION? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>I HEREBY APPLY FOR REACTIVATION AS AN <input type="checkbox"/> APPRENTICE FUNERAL DIRECTOR AND/OR <input type="checkbox"/> APPRENTICE EMBALMER 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 REVOKE. I HAVE READ AND UNDERSTAND THE PROVISIONS OF TITLE 34, CHAPTER 13, CODE OF ALABAMA, 1975, AND ADMINISTRATIVE CODE 395, WHICH GOVERN THE ISSUANCE AND MAINTENANCE OF THE LICENSE REQUESTED.</p>				



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 APPRENTICESHIP REACTIVATION APPLICATION**

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, RULE AND REGULATIONS GOVERNING THE CERTIFICATION 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 UNDERSTAND THAT ANY FALSE STATEMENT GIVEN HEREIN OR ON THE ORIGINAL CERTIFICATION APPLICATION WILL SUBJECT MY CERTIFICATION TO DENIAL OR 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

I hereby recommend the approval of this application.

 (Signature of Supervising Embalmer)

Alabama Embalmer License # _____ Contact Number: _____

 (Signature of Supervising Funeral Director)

Alabama Funeral Director License # _____ Contact Number: _____

Apprentice Funeral Director (\$20.00)			Apprentice Embalmer (\$20.00):		
OFFICE USE ONLY					
RECEIVED	POSTED	CA,CK,CC,CCK,MO	POSTED BY	CONTROL NO.	
				APP FD	
				APP EMB	
APPROVED	DENIED	REACT DATE	EXPIRATION		