

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
 SPECIAL WORK PERMIT RENEWAL APPLICATION**

This form must accompany your fee.

PLEASE PRINT

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
MAILING ADDRESS		CITY	STATE ZIP
PHYSICAL ADDRESS		CITY	STATE ZIP
EMAIL ADDRESS*		DATE OF BIRTH	CONTACT NUMBER
ARE YOU EMPLOYED BY A FUNERAL ESTABLISHMENT?			YES <input type="checkbox"/> NO <input type="checkbox"/>
ESTABLISHMENT NAME		CONTACT NUMBER	
ESTABLISHMENT ADDRESS		CITY	STATE ZIP
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 Month/Year passed: _____			
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 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 <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER HAD ANY LICENSE OR REGISTRATION TO PRACTICE EMBALMING, FUNERAL DIRECTING OR CREMATION 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, IF YES, ATTACH DETAILS			
I HEREBY APPLY FOR SPECIAL WORK PERMIT REACTIVATION. 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 AND ADMINISTRATIVE CODE 395 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 MATERIAL I HAVE PROVIDED ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE			
SIGNATURE			

Funeral Director Special Work Permit (\$25.00)		Embalmer Special Work Permit (\$25.00):	
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OFFICE USE ONLY

RECEIVED	POSTED	CA,CK,CC,CCK,MO	POSTED BY	CONTROL NO.
				FD
				EMB
				Expiration