

Alabama Board of Funeral Service APPLICATION FOR APPRENTICE REGISTRATION

THE APPLICATION FEE MUST ACCOMPANY THIS APPLICATION (All application fees are non-refundable)

APPLICANT IDENTIFYING									
FIRST NAME	MIDDLE NAME		LAST NA	ME		SUFFIX			
MAILING ADDRESS		COUNTY			CITY	STAT	ΓE	ZIP	
		COUNTY			CITY	STAT	re .	ZIP	
PHYSICAL ADDRESS		coonn						ZIP	
EMAIL ADDRESS					COUNTY OF RESIDEN	CE	2E		
CONTACT NUMBER	DATE OF BIRTH	лн			SOCIAL SECURITY NUMBER				
EDUCATION									
LIST THE EDUCATIONAL INSTITUT YOUR HIGH SCHOOL DIPLOMA, M					•		ND INCL	UDE A COP	Y OF
HIGH SCHOOL/GED INSTITUTION A	ATTENDED (INCLUDE CITY AND ST	TATE)					GRADUATION DATE (MM/DD/YY)		
MORTUARY SCHOOL ATTENDED			DEGREE (OFFICIAL TRANSCRIPT REQUIRED)			GRADUATION DATE (MM/DD/YY)			
SCHOOL FROM WHICH BACHELOR'S DEGREE OBTAINED (if applicable)			MAJOR	MAJOR		GRADUATION DATE (MM/DD/YY)			
EXAMINATION INFORM	ATION								
ARE YOU CURRENTLY ENROLLED I	N AN ACCREDITED MORTUARY S	CHOOL, IF YE	ES LIST SCH	IOOL NAN	1E		YES	N	10
HAVE YOU PASSED AN NBE EXAM ADMINISTERED BY THE INTERNATIONAL CONFERENCE OF FUNERAL SERVICE EXAMINING				RAL SERVICE EXAMINING		YES	N	10	
BOARDS? IF YES, WHICH SECTION/MONTH/YEAR PASSED: HAVE YOU PASSED AN EXAM ADMINISTERED BY THE ALABAMA BOARD OF FUNERAL SERVICE BOARDS? IF YES, WHICH EXA			RDS? IF YES, WHICH EXAN	1/MONTH/	YES	N	0		
YEAR PASSED:	E EXAM RESULTS MUST BE SENT	TO THE BO	 ARD FROM		FERENCE				
APPRENTICESHIP WILL B									
NAME OF ESTABLISHMENT						CONTACT	NUMBE	ER	
PHYSICAL ADDRESS			CITY		STATE		ZIP		
NAME OF LICENSED SUPERVISING FUNERAL DIRECTOR						LICENSE NUMBER			
NAME OF LICENSED SUPERVISING EMBALMER LICENSE NUMBER									
PREVIOUSLY LICENSED II	N OTHER JURISDICTION	S							
IF YOU HAVE EVER BEEN LICENSED			ATE OR JU	RISDICTIO	N TO PRACTICE IN THE PR	OFESSION FO	R WHIC	H YOU ARE	NOW
JURISDICTION, PLEASE PR	TYPE OF LICENSE	LICENSE NUMBER		RFR	EFFECTIVE DATES OF LICENSE		F	LICENSE STATUS	
3011301011014(3)					LITECHVE DATES OF LICENSE			LICENSE	STATU
REGISTRATION(S) APPLY	ING FOR: CHECK ALL T	ΗΑΤ ΑΡΡΙ	LY				<u> </u>		
APPRENTICE FUNERAL DIRE				RENTICE	EMBALMER (\$50.00)):			
BACKGROUND CHECK FEE (1
ALL APPLICATION FEES N	AAY BE INCLUDED IN ON	NE (1) CH	ECK, MO	ONEY C	RDER, OR CERTIFIE	D CHECK			

PAST DISCIPLINARY ACTION						
HAVE YOU EVER HAD ANY LICENSE OR REGISTRATION TO PRACTICE EMBALMING, FUNERAL D FINED, PLACED ON PROBATION, OR OTHERWISE DISCIPLINED IN THIS STATE OR ANY O	JSPENDED, YES	NO				
DO YOU HAVE ANY DISCIPLINARY ACTIONS PENDING?	YES	NO				
HAVE YOU EVER VOLUNTARILY RELINQUISHED OR SURRENDERED A PROFESSIONAL EMBALMING, FUNERAL DIRECTING OR CREMATION WHILE UNDER INVESTIGATION PROCEEDING AGAINST YOU OR THE LICENSE?		NO				
HAVE YOU EVER HAD ANY LICENSE/REGISTRATION APPLICATION TO PRACTICE FUNER	AL SERVICES DENIED?	YES	NO			
If you answered "yes" to any of the questions above, submit notices, orders, etc. from t relating to any disciplinary action.	he appropriate regulatory board as v	vell include a written sto	atement/explanation	on		
CRIMINAL HISTORY						
HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR A FELONY IN THIS OR A ANY OTHER FOREIGN COUNTRY, OR ARE CRIMINAL CHARGES CURRENTLY PENDING		ON, OR YES	NO			
IF YES, ATTACH AN EXPLANATION THAT INCLUDES THE TYPE OF VIOLATION, TH INCLUDE COPIES OF COURT DOCUMENTS, ARREST RECORDS, VERIFICATION O COMPLETION OF PROBATION. YOU MUST INCLUDE ALL MISDEMEANOR AND FE THOSE WHICH HAVE BEEN SET ASIDE AND/OR DISMISSED. (TRAFFIC VIOLATIONS N	F RESTITUTION RECEIVED BY THE LONY CONVICTIONS, REGARDLESS	COURT, AND VERIFIC	CATION OF SUCCE	SSFUL		
WILL ALWAYS COMPLY WITH ALL APPLICABLE STATE LAWS, RULES AND REGU AUTHORIZE AND DIRECT ANY PERSON, AGENCY, FIRM, OR OTHER ENTITY TO REI INFORMATION, COMMUNICATION, REPORT, RECORDS, STATEMENT, RECOMMEN CONTINUANCE OF THE CERTIFICATION FOR WHICH I AM APPLYING. I UNDERST INFORMATION ABOUT ME THAT MAY OTHERWISE BE PROTECTED OR CONFIDENT I UNDERSTAND THAT I MUST DEVOTE AN AVERAGE OF AT LEAST THIRTY (30) SUPERVISOR MUST SUBMIT AN ANNUAL REPORT AND SKILLS EVALUATION FOF HOURS SERVED AND THE NUMBER OF BODIES I HAVE ASSISTED IN PREPARING FO I UNDERSTAND THAT ANY FALSE STATEMENT GIVEN HEREIN W	EASE, UPON THE REQUEST OF THE NDATION, OR DISCLOSURE THAT M AND THAT BY SIGNING THIS APPL NAL. HOUS PER WEEK TO THE DUTIES (TM TO THE BOARD BY THE FIRST I R DISPOSITION DURING THE PREVIO	E ALABAMA BOARD OF AY HAVE BEARING ON ICATION I AM AUTHO DF THIS APPRENTICESI DAY OF OCTOBER SHC DUS YEAR.	FUNERAL SERVICE I MY ELIGIBILITY FO RIZING THE RELEA HIP. FURTHER, THA WING THE NUMB	E, ANY DR OR SE OF AT MY		
(PRINT APPLICANT NAME) (APPLICANT SIGNATURE) TO BE EXECUTED BY LICENSED FUNERAL DIRECTOR						
I DEPOSE AND SAY THE I PERSONAL KNOWLEDGE OF THIS RECOMMEND THE APPROVAL OF THIS APPLICATION. I HA DIRECTOR IN ALABAMA.						
SIGNATURE	LICENSE NUMBER	CONTACT NUMBER				
PRINTED NAME						
TO BE EXECUTED BY	LICENSED EMBALMER					
I DEPOSE AND SAY THE I PERSONAL KNOWLEDGE OF THIS RECOMMEND THE APPROVAL OF THIS APPLICATION. I HAV IN ALABAMA.						
SIGNATURE	LICENSE NUMBER	CONTACT NUMBER				
PRINTED NAME						

SUBSCRIBED AND SWORN TO BEFORE ME, A NOTARY IN THE STATE OF ALABAMA THIS______DAY OF____

NOTARY PUBLIC

, 20___

SEA

MY COMMISSION EXPIRES

PHYSICAL ADDRESS: 4276 LOMAC STREET MONTGOMERY, ALABAMA 36106 WEBSITE: <u>www.fsb.alabama.gov</u>



MAILING ADDRESS: P O BOX 309522 MONTGOMERY, ALABAMA 36130 PHONE: 334.242.49049 FAX: 334.353.7988

ALABAMA BOARD OF FUNERAL SERVICE

CHECK TO THE APPROPRIATE SECTION FOR US CITIZEN OR NON-CITIZEN, AND CHECK THE DOCUMENT THAT YOU ARE SUBMITTING TO PROVE US CITIZENSHIP OR LAWFUL PRESENCE IN THE US

	Alabama Driver's License or Identification issued by Department of Public Safety
	Driver's License from other state that required proof of lawful presence
	Birth Certificate indicating US birth
	Valid US Passport
	A valid Uniformed Services Privileges and Identification Card
	Naturalization documents
	Certificate of citizenship
	Bureau of Indian Affairs identification
	im NOT a United States Citizen. The copy of the document(s) to prove legal presence I am submitting (and attached to this checklist) is follows:
	I-551 Permanent Resident Card (copy front and back)
	I-766 Employment Authorization Card (copy front and back)
1	Other: (Explain)

IMMIGRATION:

Act No. 2011-535 as amended by Act No. 2012-491 and now codified as Section 31-13-1, et seq., of the Code of Alabama 1975 is referred to as Alabama's Immigration Law or the Beason-Hammon Act and imposes certain requirements on persons applying for or renewing a professional license. Specifically, Section 31-13-29 of the Code of Alabama 1975 requires that applicants applying for or renewing a professional license must demonstrate his or her United States citizenship, or if not a United States Citizen, his or her lawful presence in the United States. The Immigration Law also provides that a citizen shall not be required to demonstrate citizenship for subsequent transactions. Please see below for two lists of documents, one to demonstrate a person's United States citizenship or the other to demonstrate lawful presence in the United States. You must select your appropriate status, choose the appropriate document(s) from the list of documents, include a copy of the selected document(s) with this form and submit it with your application.

I CERTIFY UNDER PENALTY OF PERJURY THAT ALL REPRESENTATIONS MADE ON THIS FORM AND ATTACHMENTS ARE TRUE AND ACCURATE.

NAME:_____

SIGNATURE:_____

	E OF ALTA
ALABAMA LAW ENFORCEMENT AGENCY APPLICATION TO REVIEW ALABAMA CRIMI	
PERSONAL INFORMATION	
Full Name (First, Middle, Last, Suffix):	Sex/Gender: Male Female
Aliases/Nickname:	
Applicant Current Address:	
	_Zip Code:SSN:
	er's License Number:Issuing State:
	Other (please specify)
) Work Phone: ()
WORK INFORMATION	
Employer Name:	
Contractor Name:	
State Agency:	Agency Phone: ()
Work Email Address:	
Job Role/Classification:	_Supervisor Name:
	tion, reference that agency's fee requirements for a background check. ministrative fee (must be in the form of a money order or Cashier's check
AFFIDAVIT FOR RELEASE INFORMATION	
<i>I hereby authorize the Alabama Law Enforcement Agency to</i> ALABAMA BOARD OF FUNERAL SERVICE, 4276 LOMAG	
Name & Address of Requesting Agency or Authorized Agent*	
Agency, the Federal Bureau of Investigation, and any information relating judicial, or personal reference. I hereby release all parties contributing such By signing below and submitting this application, I hereby verify that the acknowledge that I understand that, in accordance with Section 41-9-601 obtain criminal offender record information under false pretenses, or who agency or person without authorization, may be guilty of a felony, and shall	riminal history record information (CHRI) maintained by both the Alabama Law Enforcement g to my past record and character whether it be financial, academic, military, employment, information from any charges or liability whatsoever because of furnishing said information. e information listed in my application and in the attached documentation is correct. I also to f the Code of Alabama 1975, that any person who willfully requests, obtains or seeks to willfully communicates or seeks to communicate criminal offender record information to any Il be fined not less than \$5,000 nor more than \$10,000 or imprisoned in the state penitentiary hermore, as set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34 I have the at I believe to be inaccurate (see "Appendix A" for contact information).
Applicant Signature	Date
Name of Witness	Name of Witness
	Address of Witness
	City, State and Zip
Sworn to and subscribed before me thisday of	. 20 .
	My Commission Expires, 20, 20,
FOR ALEA OFFICIAL USE ONLY: TCN:	
Received By (Initials):/Date://Processed By (initials)	Chaolette
	Background Check Qty: Total: \$

_Initials:____

Status:

__Date: _/ /_

Walk-in/Hand Delivered _____Mailed___

Total: \$

Qty:

Certified Letter

NOTICE OF PRIVACY DISCLOSURE STATEMENT

DISCLOSURE STATEMENT:

Print Name

The following disclosure statement is to inform you of your rights as an applicant who is the subject of a criminal history record check for noncriminal justice purposes (licensure, certification, renewal, immigration, naturalization, security clearance, or adoption, etc.) pursuant to the Privacy Act of 1974, Title 5, U.S.C., Section 552a, and Title 28, CFR, Section 50.12.

, hereby authorize the ALABAMA BOARD OF FUNERAL SERVICE

Authorized Recipient

to request and be the recipient of my criminal history information, to determine my suitability for licensure.

The fingerprints will be utilized to conduct a national and state criminal background check. The Authorized Recipient (AR) will obtain any and all criminal history information from the FBI and/or Alabama Law Enforcement Agency (ALEA).

If you have an incomplete and/or inaccurate criminal history record, employment will not be denied until the applicant has been afforded a "reasonable time" to correct or complete the record or has declined to do so.

The AR will use the criminal history record solely for the purpose requested and cannot disseminate the record outside the receiving department, related agency, or other authorized entity.

If agency policy permits, the AR may provide a copy of your federal/state criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, as set forth in Title 28 CFR, Section 16.34, applicant may challenge or appeal any portion of his/her own criminal history record information (CHRI) that he/she believes to be incomplete or inaccurate by contacting the Criminal Records & Identification Unit within ALEA at334-517-2450.

PRIVACY ACT STATEMENT:

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal regulations, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprintbased background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

Our Notice of Privacy Disclosure Statement provides information about how we may use and disclose federal/state criminal history record information about you. By signing this receipt, you acknowledge that you have reviewed, or have been given the opportunity to review, our Notice of Privacy Disclosure Statement.

Signature

ALABAMA LAW ENFORCEMENT AGENCY/CRIMINAL JUSTICE SERVICES DIVISION CONSENT TO CONDUCT BACKGROUND CHECK OF A MINOR



This form must be completed by a parent of legal guardian

_ minor (name), is requesting a background check.

I, ______, parent or legal guardian, consent and authorize the Alabama Law Enforcement Agency to conduct a background check on the abovereferenced minor. As the parent or legal guardian, I understand the purposes of this background check and hereby provide my consent for the background check.

AUTHORIZATION:

By signing below, I hereby certify that I am the parent or legal guardian of the above-referenced minor and that I consent to the background check.

 Print Name of Parent or Legal Guardian
 Relationship to Minor

 Minor's Date of Birth (for identification purposes only)
 Parent or Legal Guardian Telephone #

 Signature of Parent or Legal Guardian
 Date

 Signature of Minor
 Date

Questions about this form? Contact the Criminal Records and Identification Unit at 334-517-2450 08/2018

COPY OF PARENT OR GUARDIAN DRIVERS LICENSE REQUIRED