

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



MAILING ADDRESS:
 P O BOX 309522
 MONTGOMERY, ALABAMA 36130
 PHONE: 334.242.4049
 FAX: 334.353.7988

**Alabama Board of Funeral Service
 APPLICATION FOR PERMANENT LICENSE REACTIVATION**

THIS FORM MUST ACCOMPANY ALL FEES AND BACK PENALTIES. (All application fees are non-refundable)

PLEASE PRINT

FIRST NAME		MIDDLE NAME		LAST NAME		
MAILING ADDRESS			CITY	STATE	ZIP	
PHYSICAL ADDRESS			CITY	STATE	ZIP	
EMAIL ADDRESS*			DATE OF BIRTH		CONTACT NUMBER	
DATE OF LAST ACTIVE FUNERAL DIRECTOR LICENSE		LICENSE NUMBER	DATE OF LAST ACTIVE EMBALMER LICENSE		LICENSE NUMBER	
DATE OF LAST ACTIVE CREMATIONIST LICENSE		LICENSE NUMBER				
ARE YOU EMPLOYED BY A FUNERAL ESTABLISHMENT? (LIST ESTABLISHMENT NAME)					YES <input type="checkbox"/>	NO <input type="checkbox"/>
HAVE YOU PASSED THE LAWS, RULES AND REGULATIONS (LRR) EXAM? IF NO, THE APPLICANT MUST PASS THE LRR EXAM PRIOR TO REACTIVATION OF THE EXPIRED LICENSE					YES <input type="checkbox"/>	NO <input type="checkbox"/>
HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR, OTHER THAN A TRAFFIC VIOLATION? IF YES, CERTIFIED COURT RECORDS ARE REQUIRED TO BE SUBMITTED TO THE BOARD					YES <input type="checkbox"/>	NO <input type="checkbox"/>
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.					YES <input type="checkbox"/>	NO <input type="checkbox"/>
I CERTIFY THAT I HAVE COMPLETED EIGHT (8) HOURS OF CONTINUING EDUCATION AS REQUIRED BY SECTION 34-13-53 OF THE CODE OF ALABAMA 1975, SINCE EXPIRATION OF THE LAST ACTIVE LICENSE.					YES <input type="checkbox"/>	NO <input type="checkbox"/>
HAVE YOU EVER HAD ANY LICENSE OR REGISTRATION TO PRACTICE EMBALMING, FUNERAL DIRECTING, CREMATION REVOKED, SUSPENDED, FINED, PLACED ON PROBATION, VOLUNTARILY SURRENDERED OR OTHERWISE DISCIPLINED IN THIS STATE OR ANY OTHER STATE OR JURISDICTION?					YES <input type="checkbox"/>	NO <input type="checkbox"/>
I HEREBY APPLY FOR REACTIVATION AS A FUNERAL DIRECTOR AND/OR EMBALMER AND/OR CREMATIONIST. I HAVE SUBMITTED THE CORRESPONDING FEE(S) 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 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 UNDERSTAND THAT ANY FALSE STATEMENT GIVEN HEREIN OR ON THE ORIGINAL APPLICATION WILL SUBJECT MY LICENSE TO DENIAL OR REVOCATION.						
SELECT LICENSE FOR REACTIVATION (✓)						
FUNERAL DIRECTOR <input type="checkbox"/>		EMBALMER <input type="checkbox"/>		CREMATIONIST <input type="checkbox"/>		
SIGNATURE				DATE SIGNED		

SUBSCRIBED AND SWORN TO BEFORE ME, A NOTARY IN THE STATE OF ALABAMA THIS _____ DAY OF _____, 20_____.

SEAL

 SIGNATURE OF NOTARY PUBLIC

 MY COMMISSION EXPIRES

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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

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

APPLICATION TO REVIEW ALABAMA CRIMINAL HISTORY RECORD INFORMATION



PERSONAL INFORMATION

Full Name (First, Middle, Last, Suffix): _____ Sex/Gender: Male Female

Aliases/Nickname: _____

Applicant Current Address: _____

City: _____ State: _____ Zip Code: _____ SSN: _____

Date of Birth: _____ (MM/DD/YYYY) Driver's License Number: _____ Issuing State: _____

Race: White Black _____ _____ _____

Home Phone: (____) _____ Mobile Phone: (____) _____ Work Phone: (____) _____

WORK INFORMATION

an _____ Other (please specify) _____

Employer Name: _____ Employer Phone: (____) _____

Contractor Name: _____ Contractor Phone: (____) _____

State Agency: _____ Agency Phone: (____) _____

Work Email Address: _____

Job Role/Classification: _____ Supervisor Name: _____

Included with my Release are the following items:

- Completed Application signed by applicant and **two witnesses** OR notarized.
- The required copy of my valid photo identification.
- A classifiable copy of my own fingerprints taken by an authorized law enforcement agency as required.
- If applying for state employment/licensure/certification, reference that agency's fee requirements for a background check.**
- PERSONAL REQUESTS ONLY:** The required \$25.00 administrative fee (must be in the form of a money order or Cashier's check made payable to the ALEA, Criminal Records and Identification Unit).

AFFIDAVIT FOR RELEASE INFORMATION

I hereby authorize the Alabama Law Enforcement Agency to release any and all criminal history information to:

ALABAMA BOARD OF FUNERAL SERVICE, 4276 LOMAC STREET, MONTGOMERY, AL 36106

Name & Address of Requesting Agency or Authorized Agent*

I, the above referenced individual, hereby request to release any and all criminal history record information (CHRI) maintained by both the Alabama Law Enforcement Agency, the Federal Bureau of Investigation, and any information relating to my past record and character whether it be financial, academic, military, employment, judicial, or personal reference. I hereby release all parties contributing such information from any charges or liability whatsoever because of furnishing said information. By signing below and submitting this application, I hereby verify that the information listed in my application and in the attached documentation is correct. I also acknowledge that I understand that, in accordance with Section 41-9-601 of the Code of Alabama 1975, that any person who willfully requests, obtains or seeks to obtain criminal offender record information under false pretenses, or who willfully communicates or seeks to communicate criminal offender record information to any agency or person without authorization, may be guilty of a felony, and shall be fined not less than \$5,000 nor more than \$10,000 or imprisoned in the state penitentiary for not more than five years or both. § 41-9-601, Code of Ala. (1975). Furthermore, as set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34 I have the right to challenge or appeal any portion of my state and/or federal CHRI that I believe to be inaccurate (see "Appendix A" for contact information).

Applicant Signature _____ Date _____

Name of Witness _____ Name of Witness _____

Address of Witness _____ Address of Witness _____

City, State and Zip _____ City, State and Zip _____

Sworn to and subscribed before me this ____ day of _____, 20__.

Notary Signature _____ My Commission Expires _____, 20__.

FOR ALEA OFFICIAL USE ONLY: TCN: _____ SID: AL _____		Billed: _____ Paid: _____ No Charge: _____
Received By (Initials): _____/Date: ____/____/____	Processed By (initials): _____/Date: ____/____/____	Check#: _____
Walk-in/Hand Delivered _____ Mailed _____	Status: _____ Initials: _____ Date: ____/____/____	Background Check Qty: _____ Total: \$ _____
		Certified Letter Qty: _____ Total: \$ _____

NOTICE OF PRIVACY DISCLOSURE STATEMENT

DISCLOSURE STATEMENT:

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**
Print Name 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 at 334-517-2450.

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 fingerprint-based 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

Date

TABLE OF FEES AND BACK PENALTIES

YEAR	FEE	PENALTY	SINGLE LICENSE TOTAL	DUAL LICENSE TOTAL	CREMATIONIST FEE	PENALTY	TOTAL
1990-1991	\$25.00	\$25.00	\$50.00	\$100.00			
1991-1992	\$25.00	\$25.00	\$50.00	\$100.00			
1992-1993	\$25.00	\$25.00	\$50.00	\$100.00			
1993-1994	\$25.00	\$25.00	\$50.00	\$100.00			
1994-1995	\$25.00	\$25.00	\$50.00	\$100.00			
1995-1996	\$25.00	\$25.00	\$50.00	\$100.00			
1996-1997	\$25.00	\$25.00	\$50.00	\$100.00			
1997-1998	\$25.00	\$25.00	\$50.00	\$100.00			
1998-1999	\$25.00	\$25.00	\$50.00	\$100.00			
1999-2000	\$25.00	\$25.00	\$50.00	\$100.00			
2000-2001	\$25.00	\$25.00	\$50.00	\$100.00			
2001-2002	\$25.00	\$25.00	\$50.00	\$100.00			
2002-2003	\$25.00	\$25.00	\$50.00	\$100.00			
2003-2004	\$50.00	\$25.00	\$75.00	\$150.00			
2004-2005	\$50.00	\$25.00	\$75.00	\$150.00			
2005-2006	\$50.00	\$25.00	\$75.00	\$150.00			
2006-2007	\$50.00	\$25.00	\$75.00	\$150.00			
2007-2008	\$50.00	\$25.00	\$75.00	\$150.00			
2008-2009	\$50.00	\$25.00	\$75.00	\$150.00			
2009-2010	\$50.00	\$25.00	\$75.00	\$150.00			
2010-2011	\$50.00	\$25.00	\$75.00	\$150.00			
2011-2012	\$50.00	\$25.00	\$75.00	\$150.00			
2012-2013	\$100.00	\$50.00	\$150.00	\$300.00			
2013-2014	\$100.00	\$50.00	\$150.00	\$300.00			
2014-2015	\$100.00	\$50.00	\$150.00	\$300.00			
2015-2016	\$100.00	\$50.00	\$150.00	\$300.00			
2016-2017	\$100.00	\$50.00	\$150.00	\$300.00			
2017-2018	\$100.00	\$50.00	\$150.00	\$300.00	\$50.00	\$50.00	\$100.00
2018-2020	\$200.00	\$100.00	\$300.00	\$600.00	\$100.00	\$100.00	\$200.00
2020-2022	\$200.00	\$100.00	\$300.00	\$600.00	\$100.00	\$100.00	\$200.00
2022-2024	\$230.00	\$100.00	\$330.00	\$660.00	\$150.00	\$100.00	\$250.00

ALL FEES AND PENALTIES ARE DUE FROM THE EXPIRATION OF THE LAST ACTIVE LICENSE TO THE CURRENT LICENSING PERIOD.
 LICENSING PERIOD IS FROM OCTOBER 1 TO OCTOBER 1.

(EXAMPLE: IF A LICENSE EXPIRED OCTOBER 1, 2013 THE COST TO REACTIVATE A SINGLE LICENSE WOULD BE CALCUALTED FROM 2013/2014-2022/2024 OR \$1680.00 DUAL LICENSES WOULD BE CALCULATED FROM 2013/2014-2022/2024 OR \$3360.00. CREMATIONIST LICENSE BEGAN IN 2017 AND CALCULATED USING THE SAME METHOD