

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



MAILING ADDRESS
P.O. Box 309522
MONTGOMERY, AL 36130
PHONE: 334.242.4049
FAX: 334.353.7988

**Alabama Board of Funeral Service
APPLICATION FOR APPRENTICESHIP 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	
APPRENTICESHIP BEING SERVED AT (ESTABLISHMENT NAME)							
NAME OF LICENSED SUPERVISOR (FUNERAL DIRECTOR)				LICENSE NUMBER			
NAME OF LICENSED SUPERVISOR (EMBALMER)				LICENSE NUMBER			
HAVE YOU EVER HELD AN APPRENTICESHIP IN ALABAMA?						YES	NO
REASON FOR NOT COMPLETING ORIGINAL APPRENTICESHIP							
HAVE YOU PASSED AN EXAM ADMINISTERED BY THE INTERNATIONAL CONFERENCE OF FUNERAL SERVICE EXAMINING BOARDS? IF YES SECTION/MONTH/YEAR PASSED						YES	NO
HAVE YOU PASSED AN EXAM ADMINISTERED BY THE ALABAMA BOARD OF FUNERAL SERVICE? IF YES EXAM/MONTH/YEAR PASSED						YES	NO
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	NO
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	NO
HAVE YOU EVER HAD ANY LICENSE OR CERTIFICATION 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	NO
I HEREBY APPLY FOR REACTIVATION AS AN APPRENTICE FUNERAL DIRECTOR AND/OR APPRENTICE EMBALMER. 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 CERTIFICATION 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 CERTIFICATION REQUESTED. I UNDERSTAND THAT ANY FALSE STATEMENT GIVEN HEREIN OR ON THE ORIGINAL APPLICATION WILL SUBJECT MY CERTIFICATION TO DENIAL OR REVOCATION. 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, HAVE REVIEWED, AND WILL AT ALL TIME COMPLY WITH ALL APPLICABLE STATE LAWS, RULES AND REGULATIONS GOVERNING THE CERTIFICATION I AM SEEKING TO OBTAIN.							
SELECT CERTIFICATION FOR REACTIVATION (✓)							
APPRENTICE FUNERAL DIRECTOR				APPRENTICE EMBALMER			
SIGNATURE						DATE SIGNED	

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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

I AGREE TO SUPERVISE THE ABOVE STATED APPLICANT AND RECOMMEND THIS APPLICATION BE APPROVED

SIGNATURE OF SUPERVISING FUNERAL DIRECTOR		DATE SIGNED	
ALABAMA FUNERAL DIRECTORS LICENSE NUMBER		CONTACT NUMBER	

SIGNATURE OF SUPERVISING EMBALMER		DATE SIGNED	
ALABAMA EMBALMERS LICENSE NUMBER		CONTACT NUMBER	

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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 Asian Indian Other (please specify)

Home Phone: Mobile Phone: Work Phone:

WORK INFORMATION

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: Check#: 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