

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 APPRENTICE REGISTRATION**

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

PLEASE PRINT

APPLICANT IDENTIFYING INFORMATION					
FIRST NAME	MIDDLE NAME	LAST NAME		SUFFIX	
MAILING ADDRESS		COUNTY	CITY	STATE	ZIP
PHYSICAL ADDRESS		COUNTY	CITY	STATE	ZIP
EMAIL ADDRESS			COUNTY OF RESIDENCE		
CONTACT NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER			

EDUCATION		
LIST THE EDUCATIONAL INSTITUTIONS ATTENDED OR ATTENDING THAT SATISFY THE EDUCATIONAL REQUIREMENTS FOR LICENSURE AND INCLUDE A COPY OF YOUR HIGH SCHOOL DIPLOMA, MORTUARY SCHOOL OFFICIAL TRANSCRIPT, OR BACHELOR'S DEGREE (WHICHEVER IS APPLICABLE)		
HIGH SCHOOL/GED INSTITUTION ATTENDED (INCLUDE CITY AND STATE)	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	GRADUATION DATE (MM/DD/YY)

EXAMINATION INFORMATION				
ARE YOU CURRENTLY ENROLLED IN AN ACCREDITED MORTUARY SCHOOL, IF YES LIST SCHOOL NAME _____	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
HAVE YOU PASSED AN NBE EXAM ADMINISTERED BY THE INTERNATIONAL CONFERENCE OF FUNERAL SERVICE EXAMINING BOARDS? IF YES, WHICH SECTION/MONTH/YEAR PASSED: _____	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
HAVE YOU PASSED AN EXAM ADMINISTERED BY THE ALABAMA BOARD OF FUNERAL SERVICE BOARDS? IF YES, WHICH EXAM/MONTH/YEAR PASSED: _____	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
*CERTIFIED COPIES OF YOUR NBE EXAM RESULTS MUST BE SENT TO THE BOARD FROM THE CONFERENCE				

APPRENTICESHIP WILL BE SERVED AT			
NAME OF ESTABLISHMENT		CONTACT NUMBER	
PHYSICAL ADDRESS	CITY	STATE	ZIP
NAME OF LICENSED SUPERVISING FUNERAL DIRECTOR		LICENSE NUMBER	
NAME OF LICENSED SUPERVISING EMBALMER		LICENSE NUMBER	

PREVIOUSLY LICENSED IN OTHER JURISDICTIONS				
IF YOU HAVE EVER BEEN LICENSED, CERTIFIED, OR REGISTERED IN ANOTHER STATE OR JURISDICTION TO PRACTICE IN THE PROFESSION FOR WHICH YOU ARE NOW MAKING APPLICATION, PLEASE PROVIDE THE STATE(S) WHERE LICENSED _____				
JURISDICTION(S)	TYPE OF LICENSE	LICENSE NUMBER	EFFECTIVE DATES OF LICENSE	LICENSE STATUS

REGISTRATION(S) APPLYING FOR: CHECK ALL THAT APPLY			
APPRENTICE FUNERAL DIRECTOR (\$50.00):	<input type="checkbox"/>	APPRENTICE EMBALMER (\$50.00):	<input type="checkbox"/>
BACKGROUND CHECK FEE (\$38.25)	<input type="checkbox"/>		
ALL APPLICATION FEES MAY BE INCLUDED IN ONE (1) CHECK, MONEY ORDER, OR CERTIFIED CHECK			

PAST DISCIPLINARY ACTION

HAVE YOU EVER HAD ANY LICENSE OR REGISTRATION TO PRACTICE EMBALMING, FUNERAL DIRECTING OR CREMATION REVOKED, SUSPENDED, FINED, PLACED ON PROBATION, OR OTHERWISE DISCIPLINED IN THIS STATE OR ANY OTHER STATE OR JURISDICTION?	YES		NO	
DO YOU HAVE ANY DISCIPLINARY ACTIONS PENDING?	YES		NO	
HAVE YOU EVER VOLUNTARILY RELINQUISHED OR SURRENDERED A PROFESSIONAL LICENSE OR REGISTRATION TO PRACTICE EMBALMING, FUNERAL DIRECTING OR CREMATION WHILE UNDER INVESTIGATION OR AFTER INITIATION OF A DISCIPLINARY PROCEEDING AGAINST YOU OR THE LICENSE?	YES		NO	
HAVE YOU EVER HAD ANY LICENSE/REGISTRATION APPLICATION TO PRACTICE FUNERAL SERVICES DENIED?	YES		NO	

If you answered "yes" to any of the questions above, submit notices, orders, etc. from the appropriate regulatory board as well include a written statement/explanation relating to any disciplinary action.

CRIMINAL HISTORY

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR A FELONY IN THIS OR ANY OTHER STATE, LOCAL JURISDICTION, OR ANY OTHER FOREIGN COUNTRY, OR ARE CRIMINAL CHARGES CURRENTLY PENDING AGAINST YOU?	YES		NO	
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IF YES, ATTACH AN EXPLANATION THAT INCLUDES THE TYPE OF VIOLATION, THE DATE, CIRCUMSTANCES, LOCATION AND THE COMPLETE PENALTY RECEIVED. INCLUDE COPIES OF COURT DOCUMENTS, ARREST RECORDS, VERIFICATION OF RESTITUTION RECEIVED BY THE COURT, AND VERIFICATION OF SUCCESSFUL COMPLETION OF PROBATION. YOU MUST INCLUDE ALL MISDEMEANOR AND FELONY CONVICTIONS, REGARDLESS OF THE AGE OF THE CONVICTION INCLUDING THOSE WHICH HAVE BEEN SET ASIDE AND/OR DISMISSED. (TRAFFIC VIOLATIONS NEED NOT BE REPORTED)

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 ALWAYS COMPLY WITH ALL APPLICABLE STATE LAWS, RULES 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, RECORDS, STATEMENT, RECOMMENDATION, OR DISCLOSURE THAT MAY HAVE BEARING ON MY ELIGIBILITY FOR OR CONTINUANCE OF THE CERTIFICATION 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 I MUST DEVOTE AN AVERAGE OF AT LEAST THIRTY (30) HOURS PER WEEK TO THE DUTIES OF THIS APPRENTICESHIP. FURTHER, THAT MY SUPERVISOR MUST SUBMIT AN ANNUAL REPORT AND SKILLS EVALUATION FORM TO THE BOARD BY THE FIRST DAY OF OCTOBER SHOWING THE NUMBER OF HOURS SERVED AND THE NUMBER OF BODIES I HAVE ASSISTED IN PREPARING FOR DISPOSITION DURING THE PREVIOUS YEAR.

I UNDERSTAND THAT ANY FALSE STATEMENT GIVEN HEREIN WILL SUBJECT MY CERTIFICATION TO DENIAL OR REVOCATION

_____ (PRINT APPLICANT NAME) _____ (APPLICANT SIGNATURE)

TO BE EXECUTED BY LICENSED FUNERAL DIRECTOR

I DEPOSE AND SAY THE I PERSONAL KNOWLEDGE OF THIS PERSON'S GOOD CHARACTER AND REPUTATION. I HEREBY RECOMMEND THE APPROVAL OF THIS APPLICATION. I HAVE BEEN AND AM CURRENTLY LICENSED AS A FUNERAL DIRECTOR IN ALABAMA.

SIGNATURE	LICENSE NUMBER	CONTACT NUMBER
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PRINTED NAME

TO BE EXECUTED BY LICENSED EMBALMER

I DEPOSE AND SAY THE I PERSONAL KNOWLEDGE OF THIS PERSON'S GOOD CHARACTER AND REPUTATION. I HEREBY RECOMMEND THE APPROVAL OF THIS APPLICATION. I HAVE BEEN AND AM CURRENTLY LICENSED AS AN EMBALMER IN ALABAMA.

SIGNATURE	LICENSE NUMBER	CONTACT NUMBER
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PRINTED NAME

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

SEA _____ NOTARY PUBLIC _____
MY COMMISSION EXPIRES _____



KAY IVEY
GOVERNOR

ALABAMA BOARD OF FUNERAL SERVICES

4276 LOMAC STREET | MONTGOMERY, ALABAMA 36106
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CHARLES PERINE
DIRECTOR

Apprentice Supervision Agreement

TO BE EXECUTED BY LICENSED FUNERAL DIRECTOR

I AGREE TO SUPERVISE _____ AS AN APPRENTICE FUNERAL DIRECTOR. ENSURING THEY FOLLOW THE LAW AND RULES, AND ENSURING ALL ANNUAL REPORTS, SKILL EVALUATIONS, AND CASE REPORTS ARE SIGNED AND SUBMITTED. I UNDERSTAND THAT THE OBJECTIVE IS TO TRAIN AND PREPARE THIS APPRENTICE FOR LICENSURE. I HEREBY RECOMMEND THE APPROVAL OF THIS APPLICATION. I HAVE BEEN AND AM CURRENTLY LICENSED AS A FUNERAL DIRECTOR IN ALABAMA.

Funeral Director Signature License Number Date

Printed Name

TO BE EXECUTED BY LICENSED EMBALMER

I AGREE TO SUPERVISE _____ AS AN APPRENTICE EMBALMER. ENSURING THEY FOLLOW THE LAW AND RULES, AND ENSURING ALL ANNUAL REPORTS, SKILL EVALUATIONS, AND CASE REPORTS ARE SIGNED AND SUBMITTED. I UNDERSTAND THAT THE OBJECTIVE IS TO TRAIN AND PREPARE THIS APPRENTICE FOR LICENSURE. I HEREBY RECOMMEND THE APPROVAL OF THIS APPLICATION. I HAVE BEEN AND AM CURRENTLY LICENSED AS AN EMBALMER IN ALABAMA.

Embalmer Signature License Number Date

Printed Name

Subscribed and sworn to before me, a notary in the State of Alabama this _____ day of _____, 20_____.

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 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: \$

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

Date _____

_____ 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 above-referenced 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