

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



MAILING ADDRESS:
 P O BOX 309522
 MONTGOMERY, AL 36130
 PHONE: 334.242.4049
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Alabama Board of Funeral Services
PERMANENT LICENSE RENEWAL
FOR THE RENEWAL PERIOD OF OCTOBER 1, 2024 THROUGH OCTOBER 1, 2026
This form must accompany your renewal fee.

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	
ARE YOU EMPLOYED BY A FUNERAL ESTABLISHMENT?				YES	NO
ESTABLISHMENT NAME				CONTACT NUMBER	
ESTABLISHMENT ADDRESS			CITY	STATE	ZIP
HAVE YOU BEEN CONVICTED OR PLEAD GUILTY TO A FELONY OR MISDEMEANOR, OTHER THAN A TRAFFIC VIOLATION SINCE YOUR LAST RENEWAL? IF YES, CERTIFIED COURT RECORDS ARE REQUIRED TO BE SUBMITTED TO THE BOARD				YES	NO
I CERTIFY THAT I HAVE COMPLETED EIGHT (8) HOURS OF CONTINUING EDUCATION , INCLUDING BLOODBORNE PATHOGEN/UNIVERSAL PRECAUTIONS AND ETHICS, FOR THE BIENNIAL PERIOD OF OCTOBER 1, 2024 THROUGH OCTOBER 1, 2026. I UNDERSTAND, IF I HAVE NOT COMPLETED THE REQUIRED HOURS AND COURSES , MY LICENSE(S) WILL NO BE RENEWED UNTIL THE REQUIREMENTS ARE MET AND ANY LATE PENALTIES PAID.				YES	NO
I CERTIFY THAT I AM EXEMPT FROM COMPLETING CONTINUING EDUCATION REQUIREMENTS IN ACCORDANCE WITH 34-13-53(C)(2)				YES	NO

ALL RENEWAL APPLICATIONS MUST BE RETURNED WITH FEES ON OR BEFORE SEPTEMBER 1, 2024. A LATE FEE OF \$100.00 WILL BE DUE FOR EACH LICENSE RENEWED BETWEEN SEPTEMBER 2, 2024 AND OCTOBER 1, 2024. AFTER OCTOBER 1, 2024 THE LICENSE IS EXPIRED AND MAY BE REINSTATED BY COMPLYING WITH THE PROVISIONS RELATING TO REACTIVATION IN ADDITION TO PAYMENT OF ALL BACK FEES AND PENALTIES. I UNDERSTAND THAT ANY FALSE STATEMENT GIVEN HEREIN OR ON THE ORIGINAL APPLICATION WILL SUBJECT MY LICENSE TO DENIAL OR REVOCATION.

SIGNATURE	DATE SIGNED
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SELECT LICENSE FOR RENEWAL (✓)

FUNERAL DIRECTOR (\$230.00) LICENSE # _____	EMBALMER (\$230.00) LICENSE # _____
CREMATIONIST (\$150.00) LICENSE # _____	PRACTICAL EMBALMER (\$230.00) LICENSE # _____

OFFICE USE ONLY

RECEIVED	POSTED	CA,CK,CC,CCK,MO	POSTED BY	CONTROL NUMBER
				FD
				EMB
				CR