

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



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

**Alabama Board of Funeral Services  
 APPLICATION FOR PERMANENT LICENSE**

THE APPLICATION FEE MUST ACCOMPANY THIS APPLICATION (*All application fees are non-refundable*)  
 QUESTIONS RELATED TO THIS APPLICATION MUST BE RECEIVED VIA EMAIL AT [INFO@FSB.ALABAMA.GOV](mailto:INFO@FSB.ALABAMA.GOV)

**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 HAVE CERTIFIED TRANSCRIPTS SENT DIRECTLY TO THE BOARD FROM THE MORTUARY SCHOOL, ACCREDITED COLLEGE OR UNIVERSITY THAT AWARDED THE DIPLOMA OR BACHELOR'S DEGREE (UNOFFICIAL TRANSCRIPTS WILL NOT BE ACCEPTED)**

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**

HAVE YOU PASSED AN NBE EXAM ADMINISTERED BY THE INTERNATIONAL CONFERENCE OF FUNERAL SERVICE EXAMINING BOARDS? IF YES, WHICH SECTION/MONTH/YEAR PASSED: _____	YES	NO
HAVE YOU PASSED AN EXAM ADMINISTERED BY THE ALABAMA BOARD OF FUNERAL SERVICE? IF YES, WHICH EXAM/MONTH/YEAR PASSED: _____	YES	NO

**\*CERTIFIED COPIES OF YOUR NBE EXAM RESULTS MUST BE SENT TO THE BOARD FROM THE CONFERENCE**

**APPRENTICESHIP HISTORY**

NAME OF ESTABLISHMENT	CONTACT NUMBER
PHYSICAL ADDRESS	CITY STATE ZIP
NAME OF LICENSED SUPERVISING FUNERAL DIRECTOR	NAME OF SUPERVISING EMBALMER
DATES OF TRAINING	DATES OF TRAINING

**REGISTRATION(S) APPLYING FOR: CHECK ALL THAT APPLY**

FUNERAL DIRECTOR (\$230.00):	EMBALMER (\$230.00):
FUNERAL DIRECTOR BY RECIPROCITY (\$300.00)	EMBALMER BY RECIPROCITY (\$300.00)
FUNERAL DIRECTOR SPECIAL WORK PERMIT (\$50.00)	EMBALMER SPECIAL WORK PERMIT (\$50.00)
CREMATIONIST (\$150.00)	STATE LAW EXAM (\$50.00)
ALABAMA FUNERAL DIRECTOR EXAM (\$100.00)	ALABAMA EMBALMER EXAM (\$100.00)
BACKGROUND CHECK FEE (\$38.25)	STATE RECIPROCATING FROM _____

**ALL APPLICATION FEES MAY BE INCLUDED IN ONE (1) CHECK, MONEY ORDER, OR CERTIFIED CHECK**

**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 \_\_\_\_\_

**CREMATORY OPERATOR, BLOODBORNE PATHOGEN AND UNIVERSAL PRECAUTIONS (IF APPLICABLE)**

CREMATORY OPERATOR CERTIFICATION PROVIDER	LOCATION	DATE COMPLETED
CREMATORY OPERATOR TRAINING	AL COURSE NUMBER	DATE COMPLETED
BLOODBORNE PATHOGEN/UNIVERSAL PRECAUTIONS PROVIDER	AL COURSE NUMBER	DATE COMPLETED

**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 LICENSE 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, RECORD, STATEMENT, RECOMMENDATION OR DISCLOSURE THAT MAY HAVE BEARING ON MY ELIGIBILITY FOR OR CONTINUANCE OF THE LICENSE 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. **AFFIDAVITS REQUIRED BY ALABAMA CODE 34-13-71, 34-13-91, AND 34-13-120.1 ARE ATTACHED HERETO AND MADE A PART OF THIS APPLICATION. (NOT REQUIRED FOR LICENSURE BY RECIPROCITY).**

I HEREBY APPLY FOR LICENSE AND IN SUPPORT OF SUCH APPLICATION SUBMIT AND ATTEST TO THE INFORMATION AND DATA SUPPLIED HEREWITH. I ALSO ATTACH HEREWITH THE REQUIRED APPLICATION FEE I HAVE READ AND UNDERSTAND THE PROVISIONS OF TITLE 34, CHAPTER 13, CODE OF ALABAMA 1975, AND ADMINISTRATIVE CODE 395, WHICH GOVERNS THE ISSUANCE AND MAINTENANCE OF THE LICENSE REQUESTED.

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

\_\_\_\_\_ (PRINT APPLICANT NAME) \_\_\_\_\_ (APPLICANT SIGNATURE)

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

SEA \_\_\_\_\_ NOTARY PUBLIC

\_\_\_\_\_ MY COMMISSION EXPIRES \_\_\_\_\_

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**Alabama Board of Funeral Services  
 FUNERAL DIRECTOR AFFIDAVIT (TWO REQUIRED)**

IN SUPPORT OF APPLICATION FOR INITIAL LICENSING AS FUNERAL DIRECTOR

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
FUNERAL ESTABLISHMENT EMPLOYED BY			CONTACT NUMBER
BUSINESS ADDRESS		CITY	STATE ZIP

THE FOLLOWING AFFIDAVIT IS SUBMITTED IN SUPPORT OF MY ORIGINAL LICENSE AS FUNERAL DIRECTOR IN ACCORDANCE WITH 34-13-71 CODE OF ALABAMA

**TO BE EXECUTED BY LICENSED FUNERAL DIRECTOR**

I DEPOSE AND SAY THE I HAVE KNOWN \_\_\_\_\_ FOR \_\_\_\_\_ YEARS AND HAVE PERSONAL KNOWLEDGE OF THIS PERSON'S GOOD CHARACTER AND REPUTATION. THIS APPLICANT HAS TO MY KNOWLEDGE AND OBSERVATION SATISFACTORILY PERFORMED THE DUTIES OF AN APPRENTICE FUNERAL DIRECTOR AT THE ESTABLISHMENTS LISTED BELOW FOR THE PERIODS SHOWN.

ESTABLISHMENT NAME	CITY	BEGINNING DATE	END DATE
ESTABLISHMENT NAME	CITY	BEGINNING DATE	END DATE
ESTABLISHMENT NAME	CITY	BEGINNING DATE	END DATE

I HAVE BEEN AND AM CURRENTLY LICENSED AS A FUNERAL DIRECTOR IN ALABAMA. I UNDERSTAND THAT ANY FALSE STATEMENT GIVEN HEREIN WILL SUBJECT MY ALABAMA LICENSE AS A FUNERAL DIRECTOR TO DENIAL OR REVOCATION

PRINTED NAME OF LICENSED FUNERAL DIRECTOR		AL. LICENSE NUMBER
ADDRESS		CONTACT NUMBER
<b>SIGNATURE OF LICENSED FUNERAL DIRECTOR</b>		<b>DATE SIGNED</b>

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 Services  
 EMBALMER AFFIDAVIT (TWO REQUIRED)**

IN SUPPORT OF APPLICATION FOR INITIAL LICENSING AS EMBALMER

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	
FUNERAL ESTABLISHMENT EMPLOYED BY			CONTACT NUMBER
BUSINESS ADDRESS	CITY	STATE	ZIP

THE FOLLOWING AFFIDAVIT IS SUBMITTED IN SUPPORT OF MY ORIGINAL LICENSE AS EMBALMER IN ACCORDANCE WITH  
 34-13-91 CODE OF ALABAMA

**TO BE EXECUTED BY LICENSED EMBALMER**

I DEPOSE AND SAY THE I HAVE KNOWN \_\_\_\_\_ FOR \_\_\_\_\_ YEARS  
 AND HAVE PERSONAL KNOWLEDGE OF THIS PERSON'S GOOD CHARACTER AND REPUTATION. THIS APPLICANT HAS TO MY  
 KNOWLEDGE AND OBSERVATION SATISFACTORILY PERFORMED THE DUTIES OF AN APPRENTICE EMBALMER AT THE  
 ESTABLISHMENTS LISTED BELOW FOR THE PERIODS SHOWN.

ESTABLISHMENT NAME	CITY	BEGINNING DATE	END DATE
ESTABLISHMENT NAME	CITY	BEGINNING DATE	END DATE
ESTABLISHMENT NAME	CITY	BEGINNING DATE	END DATE

I HAVE BEEN AND AM CURRENTLY LICENSED AS AN EMBALMER IN ALABAMA. I UNDERSTAND THAT ANY FALSE STATEMENT GIVEN  
 HEREIN WILL SUBJECT MY ALABAMA LICENSE AS AN EMBALMER TO DENIAL OR REVOCATION

PRINTED NAME OF LICENSED EMBALMER	AL. LICENSE NUMBER
ADDRESS	CONTACT NUMBER
<b>SIGNATURE OF LICENSED EMBALMER</b>	<b>DATE SIGNED</b>

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 Services  
 CREMATIONIST AFFIDAVIT (ONE REQUIRED)**

IN SUPPORT OF APPLICATION FOR INITIAL LICENSING AS CREMATIONIST

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	
FUNERAL ESTABLISHMENT EMPLOYED BY			CONTACT NUMBER
BUSINESS ADDRESS	CITY	STATE	ZIP

THE FOLLOWING AFFIDAVIT IS SUBMITTED IN SUPPORT OF MY ORIGINAL LICENSE AS CREMATIONIST IN ACCORDANCE  
 WITH 34-13-120.1 CODE OF ALABAMA

**TO BE EXECUTED BY CREMATORY OWNER**

I DEPOSE AND SAY THE I HAVE KNOWN \_\_\_\_\_ FOR \_\_\_\_\_ YEARS  
 AND HAVE PERSONAL KNOWLEDGE OF THIS PERSON'S GOOD CHARACTER AND REPUTATION. THIS APPLICANT HAS TO MY  
 KNOWLEDGE RECEIVED ADEQUATE TRAINING TO PERFORM THE DUTIES OF A CREMATIONIST. I AM CURRENTLY THE  
 OWNER OF THE BELOW STATED ESTABLISHMENT THAT IS LICENSED BY THE ALABAMA BOARD OF FUNERAL SERVICE.

ESTABLISHMENT NAME	CITY
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I UNDERSTAND THAT ANY FALSE STATEMENT GIVEN HEREIN WILL SUBJECT MY ALABAMA ESTABLISHMENT LICENSE TO DENIAL OR  
 REVOCATION

PRINTED NAME OF CREMATORY OWNER	
ADDRESS	CONTACT NUMBER

<b>SIGNATURE OF CREMATORY OWNER</b>	<b>DATE SIGNED</b>
-------------------------------------	--------------------

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 SERVICES**

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

<b>I am a United States (US) Citizen. I am submitting the attached copy of my document to prove citizenship/legal presence:</b>	
<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
<b>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:</b>	
<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.

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 SERVICES, 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...

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 SERVICES  
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





## Alabama Board of Funeral Services Exam Registration

Please Print

First Name	Middle Name	Last Name	Date of Birth MM/DD/YY
Physical Residence Address		City	State Zip
Mailing Address		City	State Zip
Home Phone	Email		
<b>Check the examination(s) you are registering for</b>			
<b>Funeral Director (National Board Exam-Arts)</b>	Submit fee to the Conference	<b>Embalmer (National Board Exam-Sciences)</b>	Submit fee to the Conference
<b>Funeral Director (State Board Exam-Arts)</b>	Submit fee to the Conference	<b>Embalmer (State Board Exam-Sciences)</b>	Submit fee to the Conference
<b>Funeral Director (Alabama Funeral Director Exam) *</b>	\$100.00	<b>Embalmer (Alabama Embalmer Exam) *</b>	\$100.00
<b>Funeral Director/Embalmer (Laws/Rules Exam)**</b>	\$50.00	<b>Cremationist (Laws/Rules Exam)**</b>	\$50.00
<p><i>* The intended purpose of exams administered by the Board are for Alabama licensing only. Applicants acknowledge that the results of these exams may or may not be accepted by another state for reciprocity, endorsement, or any other purpose. Alabama Administrative Code 395-X-2-.09(7)</i></p> <p><i>** If an applicant for a cremationist license is also applying for a funeral director and/or embalmer license, or is licensed as a funeral director and/or embalmer the applicant is not required to pass the laws and rules exam for a cremationist license</i></p>			
<p><b>Scheduling: Please state the date in the space below that you would like to take selected exam(s) in accordance with the exam schedule. (requested date)</b> _____</p> <p><b>If applicant is not eligible for an exam(s), they will receive a deficiency letter listing the application deficiencies. If applicant is eligible for an exam(s), they will receive an exam confirmation email to the email address listed above.</b></p>			
Signature of applicant		Last 4 of social security number: XXX-XX-	Date:

### Office Use Only

Payment Received:	CA, CK, CC, CCK, MO:	
Scheduled Exam Date:	Posted:	Posted By:
Funeral Director Test Number:	Exam completed:	Score:
Embalmer Test Number:	Exam completed:	Score:
Funeral Director/Embalmer LRR Test Number:	Exam completed:	Score:
Cremationist LRR Test Number:	Exam completed:	Score: