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

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

ALABAMA BOARD OF FUNERAL SERVICES
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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MONTGOMERY, AL 36130
PHONE: 334.242.4049
FAX: 334.353.7988

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

_____
SIGNATURE OF NOTARY PUBLIC

SEAL

_____
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	

AN APPRENTICE CERTIFICATION MAY ONLY BE REACTIVATED TWICE DURING THE COURSE OF AN APPRENTICESHIP.

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MONTGOMERY, ALABAMA 36130
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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.

	I am a United States (US) Citizen. I am submitting the attached copy of my document to prove citizenship/legal presence:
☐	Alabama Driver's License or Identification issued by Department of Public Safety
☐	Driver's License from other state that required proof of lawful presence
☐	Birth Certificate indicating US birth
☐	Valid US Passport
☐	A valid Uniformed Services Privileges and Identification Card
☐	Naturalization documents
☐	Certificate of citizenship
☐	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:
☐	I-551 Permanent Resident Card (copy front and back)
☐	I-766 Employment Authorization Card (copy front and back)
☐	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:_____

ALABAMA LAW ENFORCEMENT AGENCY

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 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**_____

Received By (Initials):_____/Date:___/___/____Processed By (initials):_____/Date:___/ _/___

Walk-in/Hand Delivered____Mailed_____ Status:_____Initials:_____Date: _/_/_

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 at334-517-2450.

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***

APPRENTICE TABLE OF FEE AND BACK PENALTIES				
YEAR	FEE	PENALTY	SINGLE APPRENTICE TOTAL	DUAL APPRENTICE TOTAL
1990-1991	$15.00	$25.00	$40.00	$80.00
1991-1992	$15.00	$25.00	$40.00	$80.00
1992-1993	$15.00	$25.00	$40.00	$80.00
1993-1994	$15.00	$25.00	$40.00	$80.00
1994-1995	$15.00	$25.00	$40.00	$80.00
1995-1996	$15.00	$25.00	$40.00	$80.00
1996-1997	$15.00	$25.00	$40.00	$80.00
1997-1998	$15.00	$25.00	$40.00	$80.00
1998-1999	$15.00	$25.00	$40.00	$80.00
1999-2000	$15.00	$25.00	$40.00	$80.00
2000-2001	$15.00	$25.00	$40.00	$80.00
2001-2002	$15.00	$25.00	$40.00	$80.00
2002-2003	$20.00	$25.00	$45.00	$90.00
2003-2004	$20.00	$25.00	$45.00	$90.00
2004-2005	$20.00	$25.00	$45.00	$90.00
2005-2006	$20.00	$25.00	$45.00	$90.00
2006-2007	$20.00	$25.00	$45.00	$90.00
2007-2008	$20.00	$25.00	$45.00	$90.00
2008-2009	$20.00	$25.00	$45.00	$90.00
2009-2010	$20.00	$25.00	$45.00	$90.00
2010-2011	$20.00	$25.00	$45.00	$90.00
2011-2012	$20.00	$25.00	$45.00	$90.00
2012-2013	$20.00	$50.00	$70.00	$140.00
2013-2014	$20.00	$50.00	$70.00	$140.00
2014-2015	$20.00	$50.00	$70.00	$140.00
2015-2016	$20.00	$50.00	$70.00	$140.00
2016-2017	$20.00	$50.00	$70.00	$140.00
2017-2018	$20.00	$50.00	$70.00	$140.00
2018-2019	$20.00	$50.00	$70.00	$140.00
2019-2020	$20.00	$50.00	$70.00	$140.00
2020-2021	$20.00	$50.00	$70.00	$140.00
2021-2022	$20.00	$100.00	$120.00	$240.00
2022-2023	$20.00	$100.00	$120.00	$240.00
2023-2024	$50.00	$100.00	$150.00	$300.00
2024-2025	$50.00	$100.00	$150.00	$300.00
2025-2026	$50.00	$100.00	$150.00	$300.00
2026-2027	$50.00	$100.00	$150.00	$300.00
2027-2028	$50.00	$100.00	$150.00	$300.00

$40.00 must also be included with reactivation application for Background Check