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 REACTIVATION

THIS FORM MUST ACCOMPANY ALL FEES AN 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
DATE OF LAST ACTIVE FUNERAL DIRECTOR LICENSE	LICENSE NUMBER	DATE OF LAST ACTIVE EMBALMER LICENSE	LICENSE NUMBER
DATE OF LAST ACTIVE CREMATIONIST LICENSE	LICENSE NUMBER		

ARE YOU EMPLOYED BY A FUNERAL ESTABLISHMENT? (LIST ESTABLISHMENT NAME) _____	YES	☐	NO	☐
HAVE YOU PASSED THE LAWS, RULES AND REGULATIONS (LRR) EXAM? IF NO, THE APPLICANT MUST PASS THE LRR EXAM PRIOR TO REACTIVATION OF THE EXPIRED LICENSE	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	☐
I CERTIFY THAT I HAVE COMPLETED EIGHT (8) HOURS OF CONTINUING EDUCATION AS REQUIRED BY SECTION 34-13-53 OF THE CODE OF ALABAMA 1975, SINCE EXPIRATION OF THE LAST ACTIVE LICENSE.	YES	☐	NO	☐
HAVE YOU EVER HAD ANY LICENSE OR REGISTRATION 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 A FUNERAL DIRECTOR AND/OR EMBALMER AND/OR CREMATIONIST. 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 PERMANENT LICENSE 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 LICENSE REQUESTED.
I UNDERSTAND THAT ANY FALSE STATEMENT GIVEN HEREIN OR ON THE ORIGINAL APPLICATION WILL SUBJECT MY LICENSE TO DENIAL OR REVOCATION.

SELECT LICENSE FOR REACTIVATION (✓)

FUNERAL DIRECTOR	☐	EMBALMER	☐	CREMATIONIST	☐

SIGNATURE	**DATE SIGNED**

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

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: 334.242.49049
FAX: 334.353.7988

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 ☐ ☐ ☐ _____

Home Phone: (_____)_____ **Mobile Phone:** (_____)_____ **Work Phone:** (_____)_____

WORK INFORMATION

an Other *(please specify)*

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 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 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 at334-517-2450.

PRIVACY ACT STATEMENT:

This privacy act statement is located on the back of the FD-258 fingerprint card.

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 statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

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.

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***

TABLE OF FEE AND BACK PENALTIES							
YEAR	FEE	PENALTY	SINGLE LICENSE TOTAL	DUAL LICENSE TOTAL	CREMATIONIST FEE	PENALTY	TOTAL
1990-1991	$25.00	$25.00	$50.00	$100.00			
1991-1992	$25.00	$25.00	$50.00	$100.00			
1992-1993	$25.00	$25.00	$50.00	$100.00			
1993-1994	$25.00	$25.00	$50.00	$100.00			
1994-1995	$25.00	$25.00	$50.00	$100.00			
1995-1996	$25.00	$25.00	$50.00	$100.00			
1996-1997	$25.00	$25.00	$50.00	$100.00			
1997-1998	$25.00	$25.00	$50.00	$100.00			
1998-1999	$25.00	$25.00	$50.00	$100.00			
1999-2000	$25.00	$25.00	$50.00	$100.00			
2000-2001	$25.00	$25.00	$50.00	$100.00			
2001-2002	$25.00	$25.00	$50.00	$100.00			
2002-2003	$25.00	$25.00	$50.00	$100.00			
2003-2004	$50.00	$25.00	$75.00	$150.00			
2004-2005	$50.00	$25.00	$75.00	$150.00			
2005-2006	$50.00	$25.00	$75.00	$150.00			
2006-2007	$50.00	$25.00	$75.00	$150.00			
2007-2008	$50.00	$25.00	$75.00	$150.00			
2008-2009	$50.00	$25.00	$75.00	$150.00			
2009-2010	$50.00	$25.00	$75.00	$150.00			
2010-2011	$50.00	$25.00	$75.00	$150.00			
2011-2012	$50.00	$25.00	$75.00	$150.00			
2012-2013	$100.00	$50.00	$150.00	$300.00			
2013-2014	$100.00	$50.00	$150.00	$300.00			
2014-2015	$100.00	$50.00	$150.00	$300.00			
2015-2016	$100.00	$50.00	$150.00	$300.00			
2016-2017	$100.00	$50.00	$150.00	$300.00			
2017-2018	$100.00	$50.00	$150.00	$300.00	$50.00	$50.00	$100.00
2018-2020	$200.00	$100.00	$300.00	$600.00	$100.00	$100.00	$200.00
2020-2022	$200.00	$100.00	$300.00	$600.00	$100.00	$100.00	$200.00
2022-2024	$230.00	$100.00	$330.00	$660.00	$150.00	$100.00	$250.00
2024-2026	$230.00	$100.00	$330.00	$660.00	$150.00	$100.00	$250.00
2026-2028	$230.00	$100.00	$330.00	$660.00	$150.00	$100.00	$250.00
2028-2030	$230.00	$100.00	$330.00	$660.00	$150.00	$100.00	$250.00

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