

Applicant: Print your first & last name here: \_\_\_\_\_



**DEPARTMENT OF FINANCIAL SERVICES**  
**Division of Funeral, Cemetery, and Consumer Services**  
**200 East Gaines Street**  
**Tallahassee, FL 32399- 0361**

**APPLICATION FOR FUNERAL DIRECTOR LICENSE  
 BY ENDORSEMENT**

Under section 497.374, Florida Statutes.

REQUIRED FEES (TYCL 2400)

(Attach check or money order payable to Department of Financial Services) **(Nonrefundable)**

<i>If application received in the period Sept. 1 of an odd year through Aug. 31 of an even year</i>	<i>If application received in the period Sept. 1 of an even year through Aug. 31 of an odd year</i>
\$ 50.00 Application Fee	\$ 50.00 Application Fee
\$132.00 Exam Fee (FL Law & Rules exam)	\$132.00 Exam Fee (FL Law & Rules exam)
\$375.00 License fee	\$187.50 License fee
\$ 5.00 Unlicensed activity fee	\$ 5.00 Unlicensed activity fee
\$562.00 Total fee due with application	\$374.50 Total fee due with application
Add \$50.00 if you desire a "Temporary License"	Add \$50 if you desire a "Temporary License"

Check here to request a temporary funeral director license. *You must complete and attach [Form DFS-NI-1768, Provisional or Temporary License, Application for Initial License](#), incorporated in R. 69K-1.001, F.A.C.*

This application form is used by a person seeking licensure in Florida as a funeral director and who is currently licensed in good standing as a funeral director in another state. Application by endorsement allows an applicant to substitute one year of actual, fully licensed practice in another state for the one-year internship otherwise required for Florida licensure.

As used in this application, "Division" refers to the Division of Funeral, Cemetery, and Consumer Services. "Board" refers to the Board of Funeral, Cemetery, and Consumer Services. Unless specifically indicated otherwise, all questions and requests for information in this application, relate to the applicant. Where the question calls for a YES or NO answer, mark the correct answer.

Each form referenced within this application may be obtained on the [Division of Funeral, Cemetery, and Consumer Services' website](#), or you may request the form by letter directed to the Division office at the address shown at the top of this form.

**FOR OFFICE USE ONLY**

<i>If application received in the period Sept. 1 of an odd year through Aug. 31 of an even year</i>				<i>If application received in the period Sept. 1 of an even year through Aug. 31 of an odd year</i>			
<u>BT</u>	<u>TYCL</u>	<u>FT</u>		<u>BT</u>	<u>TYCL</u>	<u>FT</u>	
V	2400	F	\$ 50.00	V	2400	F	\$ 50.00
	2400	E	\$132.00		2400	E	\$132.00
	2400	L	\$375.00		2400	L	\$187.50
	3800	F	\$ 5.00		3800	F	\$ 5.00
			\$562.00				\$374.50
	2401	T	\$ 50.00 <i>If temporary license requested</i>		2401	T	\$ 50.00 <i>If temporary license requested</i>
			\$612.00				\$424.50

Applicant: Print your first & last name here: \_\_\_\_\_

Section 1. PERSONAL INFORMATION			
<b>First name:</b>			
<b>Middle name</b> (leave blank if none):			
<b>Last name:</b>			
<b>Name Suffix</b> (examples: Jr., II) (leave blank if none):			
<b>Birth Date</b> (mm/dd/yyyy):			
Section 2. RESIDENCE ADDRESS			
<b>Street Address</b> (No P.O. Box allowed here):			
<b>Apartment #</b> (leave blank if not applicable):		<b>Country:</b>	
<b>City:</b>	<b>County:</b>	<b>State:</b>	<b>Zip Code:</b>
Section 3. PREFERRED MAILING ADDRESS			
<input type="checkbox"/> Check here if mailing address is same as Residence address, then skip this section.			
<b>Street Address or P.O. Box:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Country:</b>
Section 4. PHONE & EMAIL			
<b>Primary phone number:</b>		<b>E-Mail Address:</b> (e.g., SmithJ@xyz.com)	
Area code:	Phone number:		
Section 5. FUNERAL DIRECTOR LICENSURE IN OTHER STATE(S)			
<i>Check whichever applies to your situation:</i>			
<input type="checkbox"/> a. I have completed, or am currently performing, a Florida internship.			
<input type="checkbox"/> b. I am licensed as a funeral director in another state(s) and seek to substitute my practice in the other state(s) for the Florida internship requirements ( <i>complete and submit the form entitled <a href="#">Certification of Licensure in Good Standing, DFS-NI-1742</a>, incorporated by reference in Rule 69K-1.001, F.A.C., for each funeral director license in another state</i> ).			
<i>If you have completed, or are currently performing, a Florida funeral director and/or embalmer internship, provide the following information concerning your Florida internship(s):</i>			
c. Intern license or registration number:			
d. Month & year intern license or registration was issued:			
e. Is the internship completed? YES <input type="checkbox"/> NO <input type="checkbox"/>			
f. If your internship is completed, has your intern supervisor submitted a final quarterly intern supervisor's report? YES <input type="checkbox"/> NO <input type="checkbox"/>			
g. If internship has been completed, enter date completed (mm/dd/yy):			
h. If internship not completed, state the anticipated month & year of completion:			
i. Is or was this a concurrent funeral director and embalmer internship? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Applicant: Print your first & last name here: \_\_\_\_\_

**Section 6. NATIONAL BOARD EXAMINATION**

a. Have you taken the Arts section of the National Board Exam (administered by the Conference of Funeral Service Examining Boards)? YES  NO

**If your answer to (a) was YES:**

- b. In what month and year did you take the Arts section of the National Board Exam:
- c. In what city and state did you take the Arts section of the National Board Exam:
- d. What was your score on the Arts section of the National Board Exam (if you took the exam more than once, state your highest score):

**If your answer to a. was NO:**

e. In what month and year do you anticipate taking the Arts section of the National Board Examination?

**Certification of Scores.** *If you answered YES to (a) above, attach to this application documentary evidence issued by the Conference of Funeral Service Examining Board showing which sections of the National Board Exam you took, and your scores on the sections of the National Board Exam which you took. If you took both sections of the National Board Exam, you must provide documentary evidence of your score on each separate section – a combined aggregate score for both sections is not acceptable.*

**Section 7. OTHER LICENSING EXAMINATIONS**

*Skip this section of this application if you have taken the Arts and Sciences sections of the National Board Exam, with a score of 75% or better on each section.*

a. Are you asserting that you have taken a funeral director licensing exam other than the National Board Exam, and that the exam you took is equivalent to or more stringent than the National Board Exam?  
YES  NO

**Other Licensing Examination form.** *If your answer to (a) above is YES, complete and attach the [Other Licensing Examinations Form, DFS-NI-1709](#), incorporated by reference in Rule 69K-1.001, F.A.C.*

**Section 8. EDUCATION REQUIREMENT**

(A1) Do you have either a high school diploma or a high school GED (Graduate Equivalency Degree)? YES  NO

**(A2) Check all of the following that is applicable to you:**

- (a) I received a degree from a 4-year College or University, with a major in the school’s mortuary science program, and the program is accredited by the American Board of Funeral Science Education (ABFSE).
- (b) I received a degree from a 2-year Junior or Community College (or other 2-year college degree institution), with a major in the school’s mortuary science program, and the program is accredited by the American Board of Funeral Science Education (ABFSE).
- (c) I have a 2-year or 4-year college degree, but did not major in mortuary science; however, I have completed a course in mortuary science in a school that is accredited by the American Board of Funeral Science Education (ABFSE), and the course covered the following subjects: theory and practice of embalming, restorative art, pathology, anatomy, microbiology, chemistry, hygiene, and public health and sanitation.
- (d) I have a 2-year or 4-year college degree, but did not major in mortuary science; however, I have completed a course in mortuary science in a school that is not accredited by the American Board of Funeral Science Education (ABFSE), and the course covered the following subjects: theory and practice of embalming, restorative art, pathology, anatomy, microbiology, chemistry, hygiene, and public health and sanitation.
- (e) I have completed five (5) years of full-time employment as a licensed funeral director in another jurisdiction and will provide the completed [form DFS-NI-1775, Certification of Employment History](#), with this application for each firm or establishment included within that five-year period. For purposes of this form, a full-time employee is, for a calendar month, an employee employed on average at least 35 hours of service per week, or 150 hours of service per month.
- (f) I have a valid license as a funeral director in good standing in another state and have received a diploma or certificate from an accredited program of mortuary science.

**(A3) Provide the following information about whatever 2-year or 4-year college from which you have a degree. If you have multiple degrees, include a separate document with the following information for the additional degrees.**

a. Name of College or University:

Applicant: Print your first & last name here: \_\_\_\_\_

- b. Address of School Registrar (street, city, state, zip):
- c. Name of Degree (e.g., Associate in Science):
- d. Name of Major:
- e. Dates of attendance: From (month & year): \_\_\_\_\_ To (month & year): \_\_\_\_\_
- f. Date of graduation:

**(A4) If you completed a course in mortuary science, provide the following:**

Name of school that conducted the mortuary science course:  
Address of school that conducted the course (street, city, state, zip):  
Month and year you began the course: \_\_\_\_\_ Month and year you completed the course: \_\_\_\_\_

**(A5) Attach proof of graduation and course completion.**

- a. Attach to this application a certified true copy of your college transcript as issued by the school, showing all courses taken and date of graduation and a certified copy of your diploma or certificate of completion showing you completed all course work.
- b. If you completed a course in mortuary science, attach a certificate of course completion or similar document, issued by the school that conducted the course and on that school's letterhead or form.

**(A6) Non-ABFSE Courses.** If your answer to (A2) was (d), you must complete the [Mortuary Science Course Information Form, DFS-NI-1719](#), incorporated by reference in Rule 69K-1.001, F.A.C., and attach it to this application when submitting

**Section 9. OTHER LICENSURE INFORMATION**

(a) Do you now hold, or have you ever in the past held, a license or registration in Florida or any other state or jurisdiction as a funeral director, embalmer, or direct disposer?

YES  NO

*If your answer to the question in this section is YES, you must fill out and submit with this application, the [Other Licenses Form, DFS-NI-1717](#), incorporated by reference in Rule 69K-1.001, F.A.C. You must disclose on that form details of each current or prior license that required a "YES" answer to the question in this section of this application; however, **any license already disclosed in response to section 5 of this form need not be again disclosed in response to this section.***

**Section 10. ADVERSE LICENSING HISTORY QUESTIONS**

(a) Have you ever had any license to practice embalming, funeral directing, direct disposing, or any other regulated profession, revoked, suspended, fined, reprimanded, or otherwise disciplined, by any regulatory authority in Florida or any other state or jurisdiction? YES  NO

(b) Have you ever had any application for license as an embalmer, funeral director, direct disposer, or other type of license in the death care industry, denied for any reason by any regulatory authority in Florida or any other state or jurisdiction?

YES  NO

(c) Have you ever voluntarily relinquished or surrendered a professional license while under investigation or after initiation of a disciplinary proceeding against you or the license? YES  NO

(d) Are you currently to your knowledge under investigation by any regulatory or law enforcement authority in Florida or any other state or jurisdiction in regard to alleged misconduct or incompetency in the performance of work as an embalmer, funeral director, or direct disposer? YES  NO

*If the answer to any of the questions in this Section is YES, you must fill out and submit with this application, an [Adverse Licensing Action History Form, DFS-NI-1715](#), incorporated by reference in Rule 69K-1.001, F.A.C. You must disclose on that form details of each adverse licensing action and pending investigation that required a "YES" answer to any of the questions in this section of this application.*

**Section 11. CRIMINAL HISTORY QUESTIONS**

Have you, the applicant herein, ever plead guilty, been convicted, or entered a plea in the nature of no contest, regardless of whether adjudication was entered or withheld by the court in which the case was prosecuted, in the courts of Florida or another state or the United States or a foreign country, regarding any crime indicated below:

a. Any felony or misdemeanor, no matter when committed, which was directly or indirectly related to or involving any aspect of the practice or business of embalming, funeral directing, direct disposition, cremation, funeral or cemetery preneed sales, funeral establishment operations, cemetery operations, or cemetery monument or marker sales or installation.

YES  NO

b. Any other felony not already disclosed under subparagraph (a) immediately above, which was committed within the 20 years immediately preceding the date you submit this application.

YES  NO

Applicant: Print your first & last name here: \_\_\_\_\_

c. Any other misdemeanor not already disclosed under subparagraph (a) which was committed within the 5 years immediately preceding the date you submit this application?

YES  NO

If you answered YES, you must fill out and submit with this application, a [Criminal History Form, DFS-NI-1716](#), incorporated by reference in Rule 69K-1.001, F.A.C. You must disclose on that form details of every criminal action against you that required a "YES" answer to any of (a) (b) or (c) above.

**Section 12. PRIOR NAME INFORMATION**

(a) Have you, the applicant, ever had your name legally changed by order of a court?

YES  NO

(b) Have you, the applicant, ever used, or been known by, any name other the name under which you make this application? (examples: maiden name; prior marriage name; an alias)

YES  NO

If the answer to any of the questions in this section is YES, enter in the space below in full every such prior name, and the period it was used, and a brief explanation. For example, "Mary Smith, 1979-1999, it was my maiden name."

Name Period Reason

**Section 13. COMMUNICABLE DISEASE COURSE**

a. Have you completed a course on communicable diseases? YES  NO

b. Was the course at least 2 hours long? YES  NO

c. Was the course approved by the Division of Funeral, Cemetery, and Consumer Services? (ask the entity that conducted the course) YES  NO

d. Name of school or entity that conducted or sponsored the course:

e. Where was the course held (e.g., *Marriott Hotel, International Drive, Orlando*):

f. Date you took the course:

g. Attach a certificate of attendance or other documentary evidence of having taken the course (must be issued by the entity that sponsored or conducted the course).

**Section 14. MISCELLANEOUS MATTERS**

a. Do you understand that after licensure, you have a continuing duty under state law [s. 497.146, Florida Statutes], to notify this Division within 30 days of any change in your residence address or mailing address?

YES  NO

(The [Change of Address or Contact Data, Individual Form, DFS-NI-1704](#), incorporated by reference in Rule 69K-1.001, F.A.C.)

b. Do you understand that as part of this application, you must submit your fingerprints for a criminal background check?

YES  NO

Instructions concerning how and where to submit fingerprints, may be reviewed and printed from the website of the Division of Funeral, Cemetery, and Consumer Services, as follows: go to the website of the Department of Financial Services ([www.myfloridacfo.com](http://www.myfloridacfo.com)), click on *FLDFS Divisions and Offices*, click on *Funeral and Cemetery Services*.

Applicant: Print your first & last name here: \_\_\_\_\_

c. Do you understand that you must take and pass the Florida Law & Rules examination, with a score of at least 75%, as a prerequisite to issuance of the license you are applying for? YES  NO

*Your application is not complete until the Division receives an official report of your scores on the Florida Law and Rules Examination. The Florida Board of Funeral, Cemetery, and Consumer Services will review this application and if it determines you meet all applicable criteria, it will approve you to sit for the Florida Law and Rules examination. You will be promptly notified of the Board's decision. If approved to sit for the Law & Rules exam, you may schedule an examination time, date, and place convenient to you. The exam is given daily at approximately 20 locations around Florida.*

**Section 15. APPLICANT'S CERTIFICATION & SIGNATURE**

**Pursuant to section 497.159, F.S., the act of knowingly giving false information in the course of applying for or obtaining a license, with intent to mislead the board or a public employee in the performance of her or his official duties, or the act of attempting to obtain or obtaining a license by knowingly misleading statements or knowing misrepresentations, constitutes a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.**

I declare that I have or will, prior to commencing operations under this license, comply with all requirements under chapter 497, Florida Statutes, relating to the license for which I have applied.

I hereby authorize any court, law enforcement agency, or licensing authority to release or make available to the Division of Funeral, Cemetery & Consumer Services in the Florida Department of Financial Services, and to the Florida Board of Funeral, Cemetery, and Consumer Services, any and all information in their files concerning me.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Name and Title

*Mail completed application with all attachments, and required fees to:*

Division of Funeral, Cemetery, and Consumer Services  
Revenue Processing  
P.O. Box 6100  
Tallahassee, FL 32314-6100

Applicant: Print your first & last name here: \_\_\_\_\_

**Section 16. SOCIAL SECURITY NUMBER**

Enter Applicant's Social Security Number:

**Privacy Statement:**

*Pursuant to the Privacy Act of 1974, 5 U.S.C. Section 552a, the State is responsible for informing you whether disclosure of your social security number is mandatory or voluntary, by what statutory or other authority your social security number is solicited, and what uses will be made of your social security number. Under section 119.071(5)(a)2., F.S., a state agency may collect your social security number if the collection is specifically authorized by law or if it is imperative for the performance of the agency's duties and responsibilities as prescribed by law.*

*Disclosure of your social security number on this form is: mandatory pursuant to the Welfare Reform Act, 42 U.S.C. Section 666, and section 497.141(2), F.S. The purpose(s) for the requested information is that social security numbers collected on applications will be used by the Department of Financial Services and the Board of Funeral, Cemetery, and Consumer Services as follows: identification of applicants; obtaining background checks on applicants; obtaining information from authorities in other states; investigation of applicants and licensees concerning asserted violations of applicable law or rules; and enforcement of child support obligations. Your social security number is confidential and exempt from the disclosure requirements of section 119.07(1), F.S., and section 24(a), Article I of the Florida Constitution and will not be used for any purpose other than the purpose(s) provided herein, or as otherwise authorized under section 119.071(5)(a), F.S.*

*A copy of this Privacy Statement is provided to you as required by section 119.071(5)(a)3., F.S.*