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

APPLICATION FOR REACTIVATION

Under Section 497.365, Florida Statutes.

This application form is for reactivation of **ONLY** the following license types: embalmer, funeral director, or funeral director and embalmer. **PLEASE NOTE:** The fees associated with this application are based on the license's current status (inactive or delinquent). For inactive licenses, fees are listed in Section 2A. For delinquent licenses, fees are listed in Section 2B.

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; "F.S." refers to Florida Statutes.

Unless specifically indicated otherwise, all questions and requests for data in this application relate to the applicant.

Section 1. APPLICANT INFORMATION

1A. Applicant name:

1B. Type of license: (*check one*)

- ☐ Embalmer
- ☐ Funeral director
- ☐ Funeral director and embalmer

1C. License number:

1D. Status of license: (*check one*)

- ☐ Inactive
- ☐ Delinquent

Section 2A. FEES FOR REACTIVATING LICENSE IN INACTIVE STATUS

	Embalmer	Funeral Director	Funeral Director and Embalmer
	$50.00 Reactivation fee $5.00 Unlicensed activity fee	$50.00 Reactivation fee $5.00 Unlicensed activity fee	$100.00 Reactivation fee $5.00 Unlicensed activity fee
Total due:	$55.00	$55.00	$105.00

PLEASE NOTE: (1) Applicant is required to pay the active status fee for each biennium during which the license was inactive. **(2)** If you are applying for a change in licensure status NOT at time of licensure renewal, a processing fee of $50.00 is required.

FOR OFFICE USE ONLY Embalmer	Funeral Director	Funeral Director and Embalmer
BT TYCL FT V 2306 F $50 3800F $5 $55	BT TYCL FT V 2406 F $50 3800F $5 $55	BT TYCL FT V 2506 F $50 3800F $5 $55

Section 2B. FEES FOR REACTIVATING LICENSE IN DELINQUENT STATUS

	Embalmer	Funeral Director	Funeral Director and Embalmer
	$375.00 Active status fee $5.00 Unlicensed activity fee $50.00 Delinquency fee	$375.00 Active status fee $5.00 Unlicensed activity fee $50.00 Delinquency fee	$375.00 Active status fee $5.00 Unlicensed activity fee $50.00 Delinquency fee
Total due:	$430.00	$430.00	$430.00

PLEASE NOTE: (1) Applicant is required to pay the active status fee for each biennium during which the license was inactive. **(2)** If you are applying for a change in licensure status NOT at time of licensure renewal, a processing fee of $50.00 is required.

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Embalmer	Funeral Director	Funeral Director and Embalmer
BT TYCL FT V 2306 F $50 2300 L $375 3800F $5 $430	BT TYCL FT V 2406 F $50 2400 L $375 3800F $5 $430	BT TYCL FT V 2506 F $50 2500 L $375 3800F $5 $430

Section 3. CONTACT INFORMATION CONCERNING THIS APPLICATION

Enter the name and contact information of the person the Division should contact concerning this application.

Name:

Mailing address:

Phone number with area code:

Email address:

Section 4. APPLICANT'S PREFERRED MAILING ADDRESS

Enter applicant's preferred mailing address the Division should use for routine correspondence and notices.

Street or PO Box:

City:	State :	Zip Code:

Section 5. MISCELLANEOUS MATTERS

5A. Do you understand that after licensure, you have a continuing duty under Section 497.146, F.S., to notify the Division within 30 days of any change in your mailing address? ☐ **YES** ☐ **NO**

To notify the Division of a change in mailing address, submit a ***Change of Mailing Address or Contact Data - Individuals***, or a ***Change of Mailing Address or Contact Data - Entities***.

5B. Do you understand that any licensee that has been in inactive status for more than four (4) consecutive years may be required to take an examination to assess current competency necessary to ensure the licensee can practice with the care and skill sufficient to protect the health, safety, and welfare of the public, under Section 497.365, F.S.?

☐ **YES** ☐ **NO**

5C. Has the applicant completed all necessary continuing education requirements imposed on an active status licensee for all licensure periods in which your license was inactive or delinquent? (See Section 497.365, F.S.) ☐ **YES** ☐ **NO**

5D. Do you understand that an inactive license cannot be reactivated unless the applicable biennial active status renewal fee, delinquency fee, and reactivation fee is paid? ☐ **YES** ☐ **NO**

Section 6. MILITARY STATUS

Pursuant to Section 497.140, F.S., a member of the United States Armed Forces, such member's spouse, and a veteran of the United States Armed Forces who separated from service within two (2) years preceding the application for licensure, are exempt from the special unlicensed activity fee of $5.00 associated with reactivtion.

Are you a member of the United States Armed Forces, such member's spouse, or a veteran of the United States Armed Forces who separated from service within the last two (2) years?

◯ **NO**

◯ **YES**

If **YES**, attach one of the following to this application:

☐ Military identification card

☐ Military dependent identification card

☐ Military service record

☐ Military personnel file

☐ Veteran record

☐ Discharge paper

☐ Other separation document that indicates such member is currently in good standing or such veteran was honorably discharged

Section 7. FEIN OR SOCIAL SECURITY NUMBER

Enter Applicant's FEIN or Social Security Number: _____

Purpose and Use:

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 42 U.S.C. Section 405, 42 U.S.C. Section 666(a), and section 497.141, F.S. The purpose(s) for the requested information is that social security numbers collected 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; 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.

Section 8. APPLICANT'S CERTIFICATION & SIGNATURE

Under penalties of perjury, I, the applicant or applicant's authorized signatory, do hereby declare that I have read the foregoing application and all attachments, and the facts stated in it are true and correct.

I declare that, prior to commencing operations under this license, I have complied or I will comply with all requirements under chapter 497, F.S., 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, and Consumer Services, Florida Department of Financial Services, and to the Florida Board of Funeral, Cemetery, and Consumer Services, any and all information in their files concerning the applicant.

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 Office
P.O. Box 6100
Tallahassee, FL 32314-6100

Attach check or money order payable to Department of Financial Services