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

# APPLICATION FOR INACTIVE STATUS

Under Section 497.365, Florida Statutes.

This application form is to request inactive status for a licensee. This form may **ONLY** be used by a funeral director, embalmer, or funeral director and embalmer. Licensees are permitted to place an active license into inactive status at licensure renewal. A licensee with an active license must complete the requirements in Rule 69K-17.0026, F.A.C., to place the license into inactive status. A licensee in delinquent status must complete the requirements in Rule 69K-17.0027, F.A.C., to place the license into inactive status.

**PLEASE NOTE:** The fees associated with this application are based on the license's current status (active or delinquent). For active 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)*

- ☐ Active
- ☐ Delinquent

## Section 2A. FEES FOR ACTIVE LICENSE TO INACTIVE STATUS

| | Embalmer | Funeral Director | Funeral Director and Embalmer |
|---|---|---|---|
| | $80.00 Inactive fee<br>$5.00 Unlicensed activity fee | $130.00 Inactive fee<br>$5.00 Unlicensed activity fee | $130.00 Inactive fee<br>$5.00 Unlicensed activity fee |
| **Total due:** | $85.00 | $135.00 | $135.00 |

**PLEASE NOTE:** 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<br>V 2306 F $80<br>3800 F $5<br>$85 | BT TYCL FT<br>V 2406 F $130<br>3800 F $5<br>$135 | BT TYCL FT<br>V 2506 F $130<br>3800 F $5<br>$135 |

| Section 2B. FEES FOR DELINQUENT LICENSE TO INACTIVE STATUS | | | |
|---|---|---|---|
| | Embalmer | Funeral Director | Funeral Director and Embalmer |
| | $80.00 Inactive fee<br>$375.00 Inactive status renewal fee<br>$50.00 Delinquency fee<br>$5.00 Unlicensed activity fee | $130.00 Inactive fee<br>$375.00 Inactive status renewal fee<br>$50.00 Delinquency fee<br>$5.00 Unlicensed activity fee | $130.00 Inactive fee<br>$375.00 Inactive status renewal fee<br>$50.00 Delinquency fee<br>$5.00 Unlicensed activity fee |
| **Total due:** | $510.00 | $560.00 | $560.00 |
| **PLEASE NOTE:** 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 | BT | TYCL | FT | BT | TYCL | FT |
| V | 2306 | F $80 | V | 2406 | F $130 | V | 2506 | F $80 |
| | 2300 | L $375 | | 2400 | L $375 | | 2500 | L $375 |
| | 2300 | J $50 | | 2400 | J $50 | | 2500 | J $50 |
| | 3800 | F $5 | | 3800 | F $5 | | 3800 | F $5 |
| | | $510 | | | $510 | | | $510 |

| 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. 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.

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 6. 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 7. 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