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

APPLICATION TO EXTEND EMBALMER APPRENTICESHIP

Under Section 497.371, Florida Statutes.

This form is to be used by licensees holding a valid embalmer apprentice license. Those who have not enrolled in a mortuary science course may extend the apprenticeship up to three (3) years. Those who have enrolled in a mortuary science course may extend the apprenticeship up to five (5) years.

Section 1. LICENSEE INFORMATION	
First name:	
Middle name (leave blank if none):	
Last name:	
Birth Date (mm/dd/yyyy):	**Phone number:**
Email address:	
Embalmer Apprentice License Number:	
Date Embalmer Apprentice License Issued:	

Section 2. MORTUARY SCIENCE COURSE

(a) Are you currently enrolled in a Junior College or Community College mortuary science program or a mortuary science course? ☐ **YES** ☐ **NO**

(b) If your answer to (a) is YES, provide the following:

1. Name of college or school: _____
2. Address of school (street, city, state, zip):
   _____
   _____
3. Month and year you enrolled: _____

(c) Attach to this application a letter or other documentary evidence issued by the school, showing the applicant is currently enrolled in the mortuary science program or course. ☐ Attached ☐ Not Attached

Section 3. SOCIAL SECURITY NUMBER

Enter Applicant's 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 4. CERTIFICATION AND SIGNATURE

I, the applicant herein, do certify that all the information provided above is true and correct, and I request that my current apprenticeship be extended.

_____ _____

Signature of Applicant Date Signed

Mail completed application with all attachments to:

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