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

APPLICATION FOR RETIRED PROFESSIONALS

Under Section 497.143, Florida Statutes

This application form is used by persons who desire to work as a retired professional during times of critical need. The applicant must have been licensed as one an embalmer, funeral director, or funeral director and embalmer for a minimum of 10 years in the United States. In accordance with Section 497.143, F.S., a limited license can be issued to retired professionals in good standing so that they can serve during times of critical need within the State of Florida. "Critical need" means when an executive order from the Governor or a federal order declaring a state of emergency is issued. All limited licensees shall work for an entity licensed under chapter 497, F.S.

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. "Deathcare industry license" refers to any licensure as an embalmer, funeral director, direct disposer, funeral establishment, direct disposal establishment, centralized embalming facility, cinerator facility, removal service, refrigeration service, cemetery, monument establishment, or preneed sales business. Unless specifically indicated otherwise, all questions and requests for data in this Application relate to the Applicant.

Section 1. APPLICANT INFORMATION		
Check One: ☐ Retired embalmer ☐ Retired funeral director ☐ Retired funeral director and embalmer		
First Name:		
Middle Name (leave blank if none):		
Last Name:		
Name Suffix (examples: Jr., II) (leave blank if none):		
Birth Date (mm/dd/yyyy):		
Phone number with area code:		
Email address:		
Section 2. 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 3. BUSINESS LOCATION ADDRESS

Enter the street address where operations will be conducted if the license is issued. NO post office boxes or non-street addresses are permitted in this section.

Name of Establishment: _____

License Number of Establishment: _____

Street Address:

City:	County:	State:	Zip Code:

Phone number with area code:

Section 4. OTHER LICENSURE INFORMATION

Does you now hold, or in the past held, a deathcare industry license or registration in Florida or any other state or jurisdiction?

☐ **YES** ☐ **NO**

If the answer to the question above is YES, complete and attach to this application the ***Other Licenses Form*** for each current or prior license.

Section 5. ADVERSE LICENSING HISTORY

(a) To the best of your knowledge, have you ever had any deathcare industry license revoked, suspended, fined, reprimanded, or otherwise disciplined, by any regulatory authority in Florida or any other state or jurisdiction?

☐ **YES** ☐ **NO**

(b) To the best of your knowledge, have you ever had any application for a deathcare industry license denied for any reason by any regulatory authority in Florida or any other state or jurisdiction?

☐ **YES** ☐ **NO**

(c) To the best of your knowledge, have you ever voluntarily relinquished or surrendered a deathcare industry license while under investigation, or after initiation of a disciplinary proceeding against you or the licensee?

☐ **YES** ☐ **NO**

(d) To the best of your knowledge, are you 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 under a deathcare industry license?

☐ **YES** ☐ **NO**

If the answer to any of the questions above is YES, complete and attach to this application, an ***Adverse Licensing Action History Form.***

Section 6. CRIMINAL HISTORY

Have you ever plead guilty, been convicted, or entered a plea of no contest, regardless of whether you were adjudicated guilty or adjudication of guilt was withheld, in the courts of Florida or another state of the United States or a foreign country, regarding any crime indicated below:

a. Any felony, no matter when committed?

☐ **YES** ☐ **NO**

b. Any misdemeanor, no matter when committed, that was directly related to the practice or activities regulated under chapter 497, F.S.?

☐ **YES** ☐ **NO**

c. Any other misdemeanor not already disclosed under question b. above, which was committed within the five (5) years immediately preceding the date this application is submitted?

☐ **YES** ☐ **NO**

If the answer to any of the above questions is YES, complete and attach to this application a ***Criminal History Form***

Section 7. PRIOR NAME INFORMATION

Has the applicant used or been known by any name other than the name under which you make this application?

☐ **YES** ☐ **NO**

If you answered YES, enter in the space below every such prior name in full, and the period of time it was used (attach additional sheets if necessary):

1. _____
2. _____
3. _____
4. _____

Section 8. MISCELLANEOUS MATTERS

a. Please attach a notarized statement stating that (1) the applicant has been licensed to practice in any jurisdiction in the United States for at least 10 years in the profession for which the applicant seeks a limited license, (2) the applicant has retired or intends to retire from the practice of that profession, (3) and intends to practice only pursuant to the restrictions of the limited license granted pursuant to Section 497.143, F.S.

☐ Attached ☐ Not attached

b. Do you understand that the recipient of a limited license may practice only in the employ of entities licensed under chapter 497, Florida Statutes? ☐ **YES** ☐ **NO**

c. 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***.

d. Applicant may attach to this application additional pages to explain any answer herein, or provide additional information the applicant desires the Division and Board to consider regarding this application.

Are you attaching any such additional pages? ☐ **YES** ☐ **NO** If yes, how many pages: _____

Section 9. 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 10. 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 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