DEPARTMENT OF FINANCIAL SERVICES

Division of Funeral, Cemetery, and Consumer Services
200 East Gaines St., Tallahassee, FL 32399-0361

APPLICATION FOR PROVISIONAL OR TEMPORARY LICENSURE RENEWAL

NONREFUNDABLE APPLICATION FEE: $50

This application form is for renewal of provisional or temporary licensure as an embalmer, funeral director, or combination funeral director and embalmer. A provisional or temporary license may be renewed once under the same conditions as the initial license issuance.

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

Section 1. TYPE OF LICENSE

Check one:

☐ Embalmer by endorsement ☐ Funeral director by endorsement

☐ Embalmer by Florida internship ☐ Funeral director by Florida internship

☐ Funeral director and embalmer by endorsement ☐ Funeral director and embalmer by internship

Section 2. APPLICANT INFORMATION

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:

FOR OFFICE USE ONLY

BT	TYCL	FT	RENEWAL
V	2301	T	$50 Embalmer by endorsement and exam
	2302	T	$50 Embalmer by Florida internship and exam
	2401	T	$50 Funeral director by endorsement and exam
	2402	T	$50 Funeral director by Florida internship and exam
	2501	T	$50 Combo embalmer/funeral director by endorsement and exam
	2502	T	$50 Combo embalmer/funeral director by Florida internship & exam

Section 3. APPLICANT'S RESIDENTIAL ADDRESS		
Street:		
City:	State:	Zip Code:

Section 4. IDENTIFICATION OF SUPERVISING LICENSEE

1. Name of licensed establishment you will be employed at if the provisional or temporary license is issued:

   _____

2. Establishment's license number: _____
3. Name of Florida licensee who will supervise you if the provisional or temporary license is issued:

   _____

4. Supervising licensee's license number: _____
5. Supervising licensee's daytime phone number: _____

Section 5. 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 6. APPLICANT'S 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