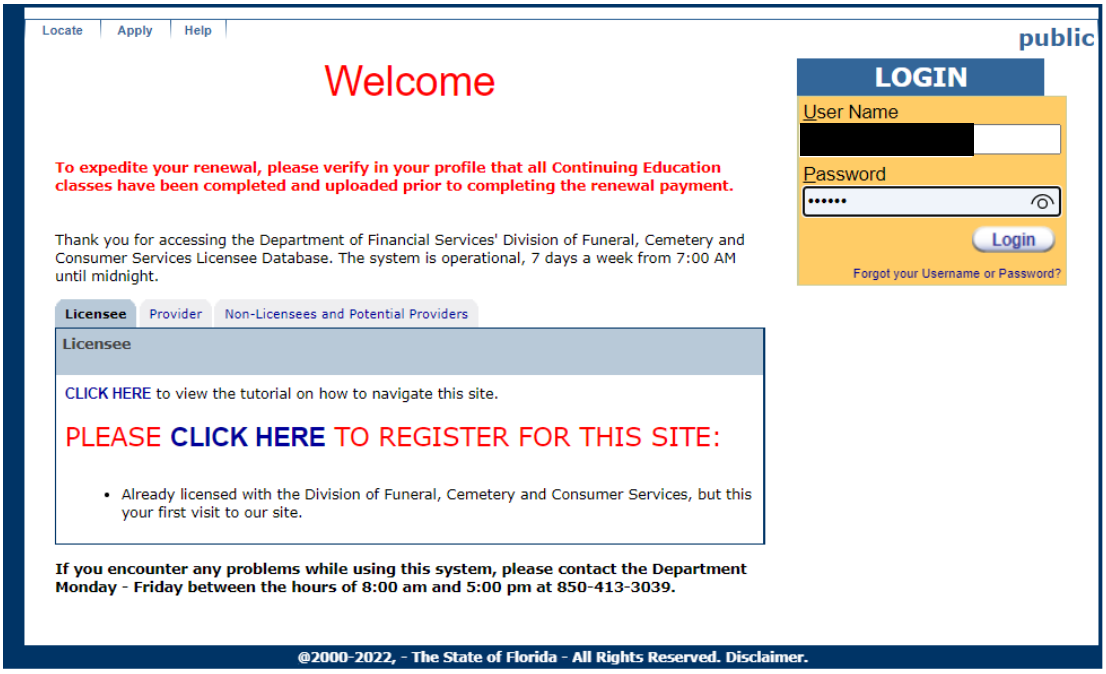
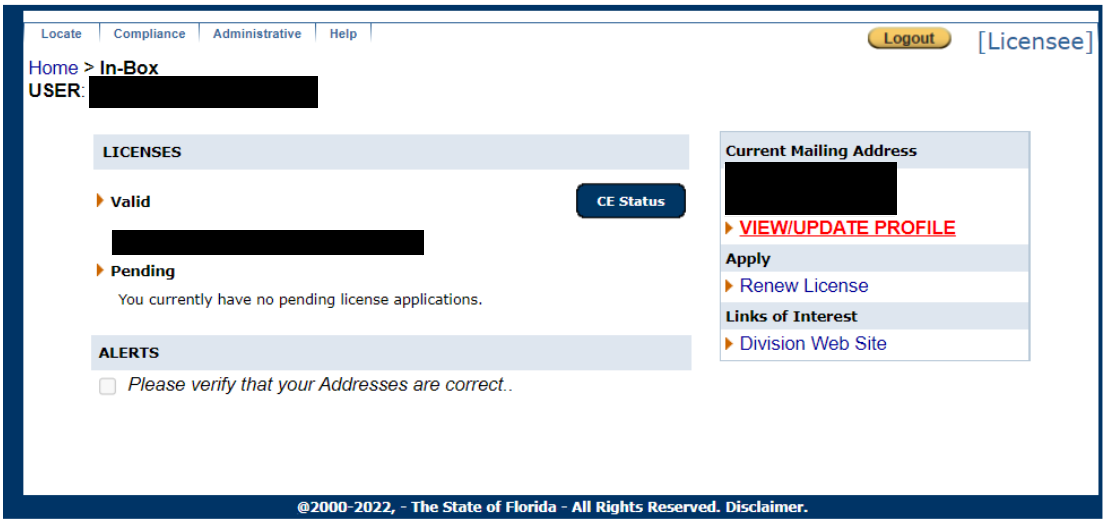
Application for Funeral Director and Embalmer Licensure Renewal

Application processing using Credit Card Payment

Login using FACS-DICE.

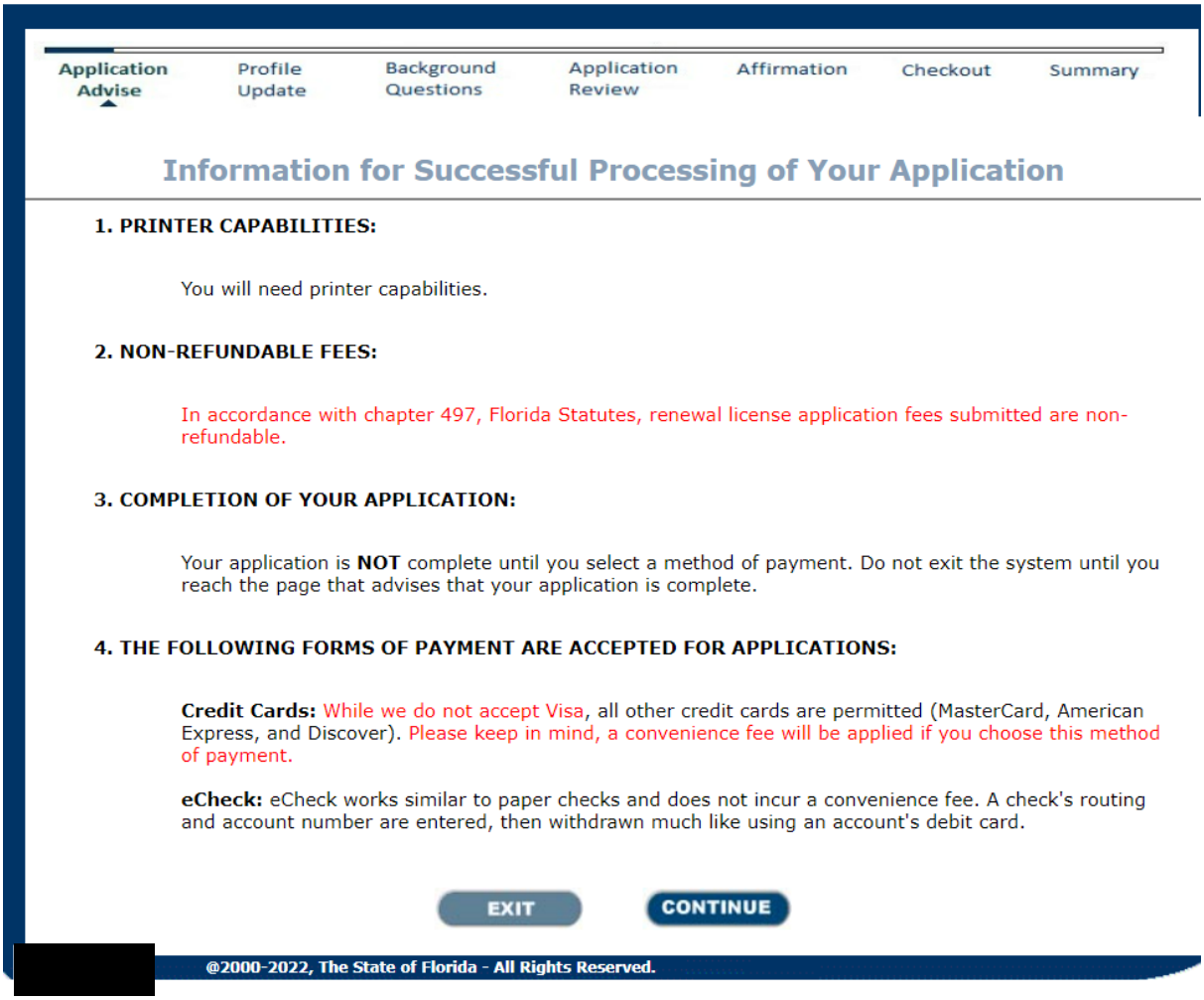


Click "Renew License" link.

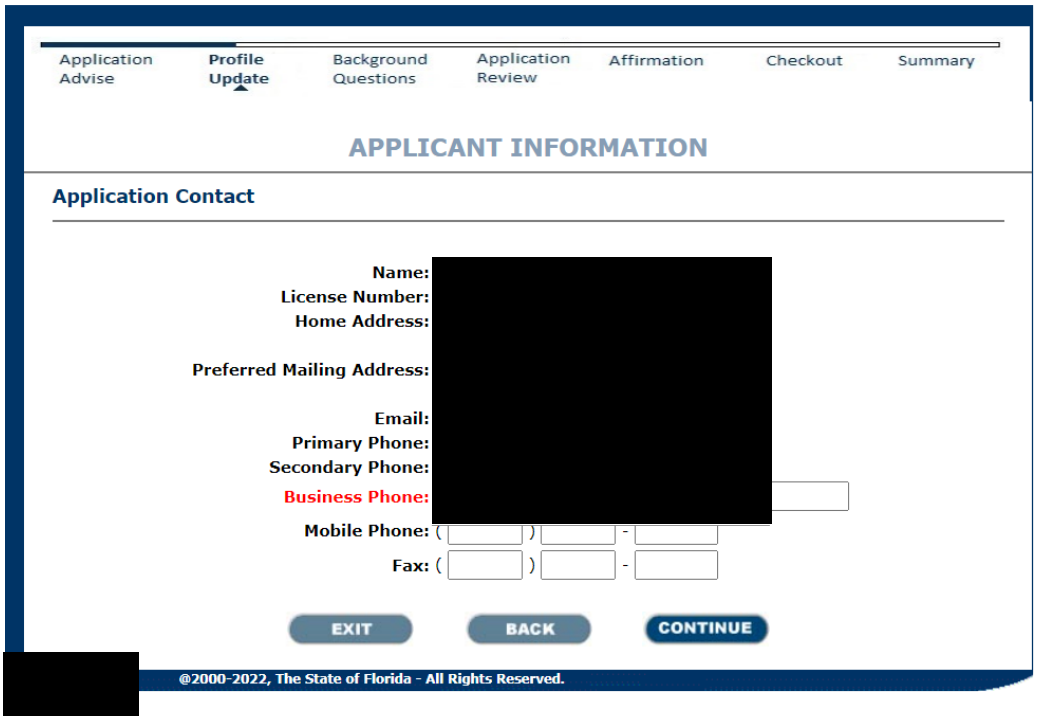


Select invoice and click "continue" button. .

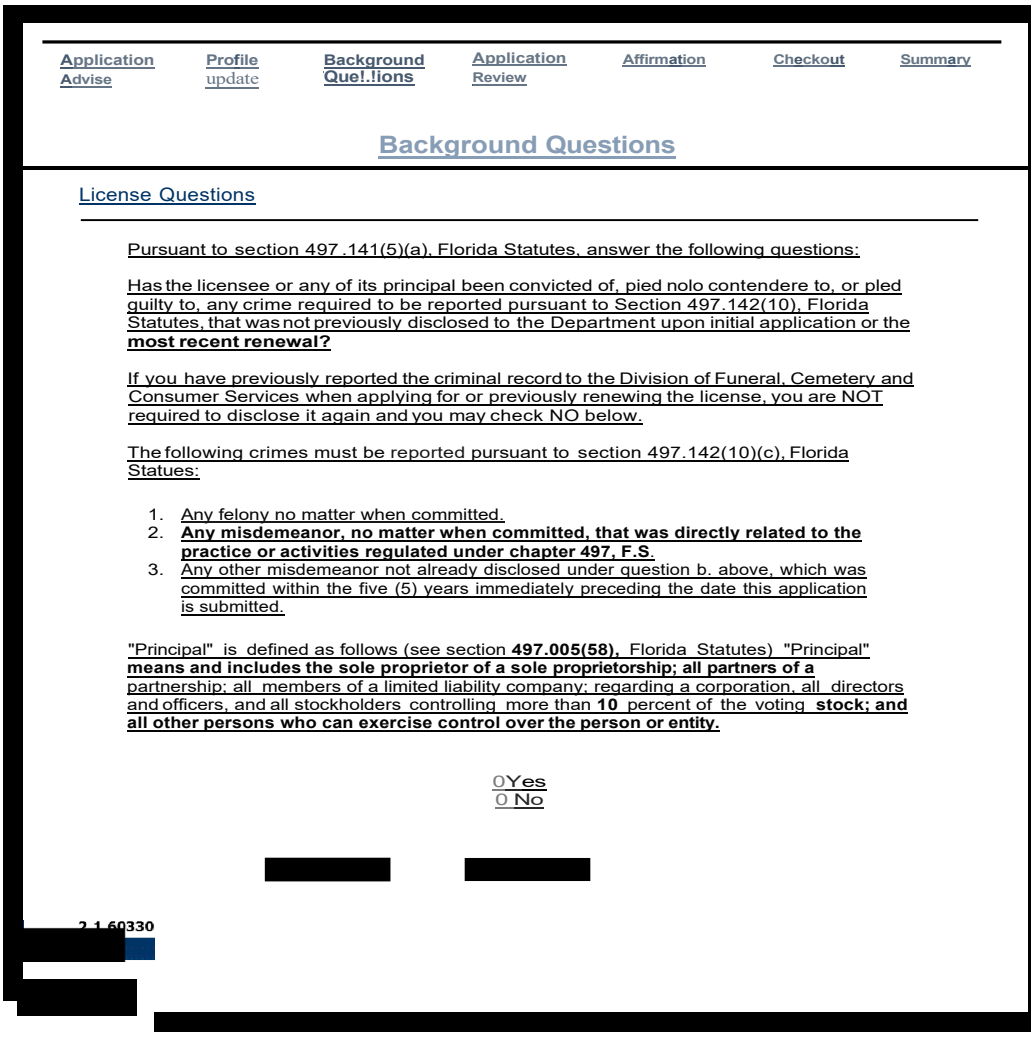
Click "Continue" button..



Verify/update phone and/or fax number and click "continue" button..



Select "Yes" or "No" and click "Continue" button..



Application Advise | Profile update | Background Que!.!ions | Application Review | Affirmation | Checkout | Summary

Background Questions

License Questions

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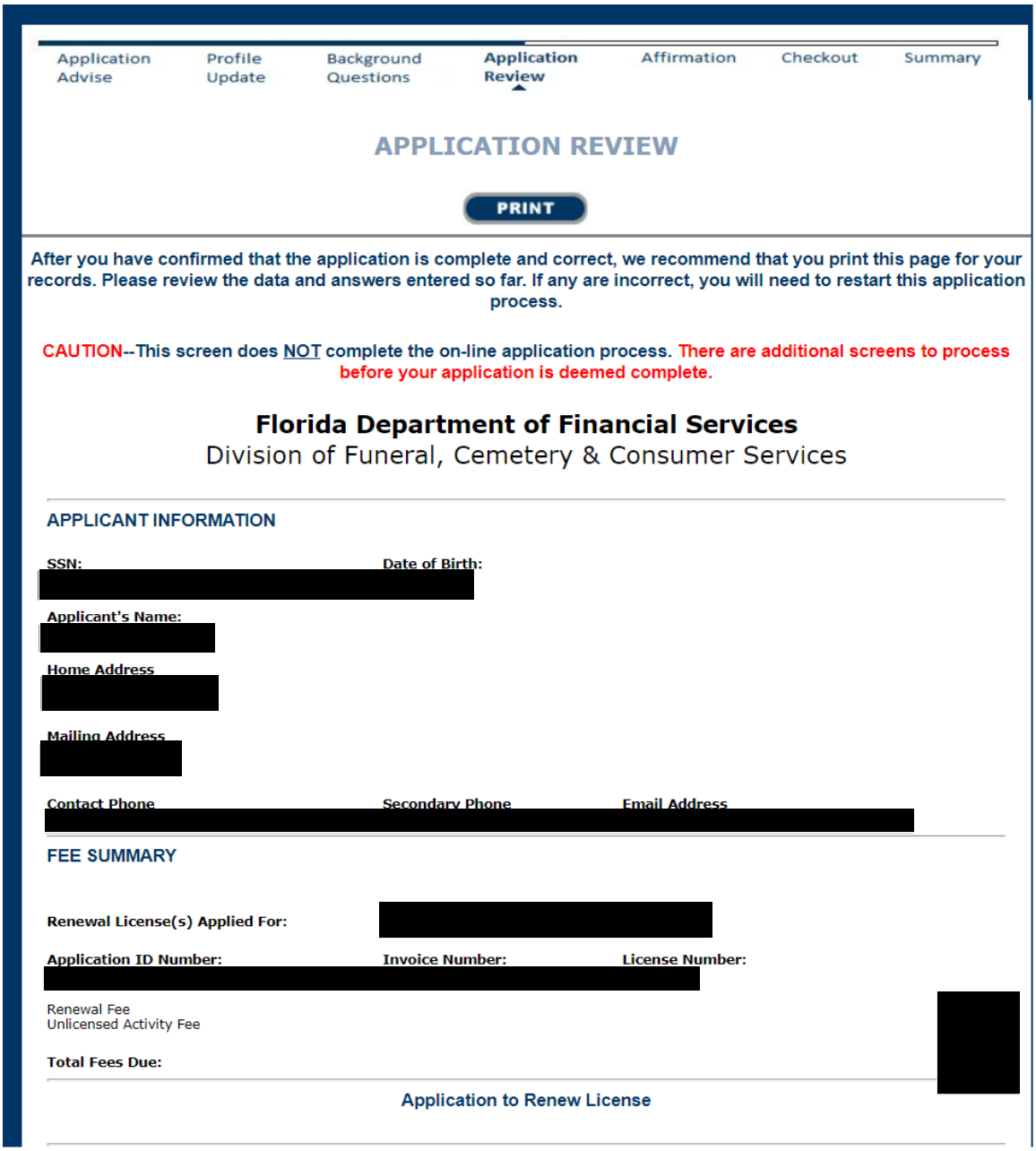
0 Yes
0 No

Click "Continue" button..



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LICENSE RENEWAL APPLICATION

APPLICANT INFORMATION

SSN: [redacted] **Date Of Birth** **Invoice Number:**

Applicant's Name: [redacted] **Application ID:**

License **Number:**

Mailing Address [redacted]

Home Address [redacted]

Contact Phone **Email Address** [redacted]

FEE INFORMATION

Renewal Fee
Unlicensed Activity Fee
Paper Processing Fee

Total Fees Due: [redacted]

BACKGROUND QUESTIONS

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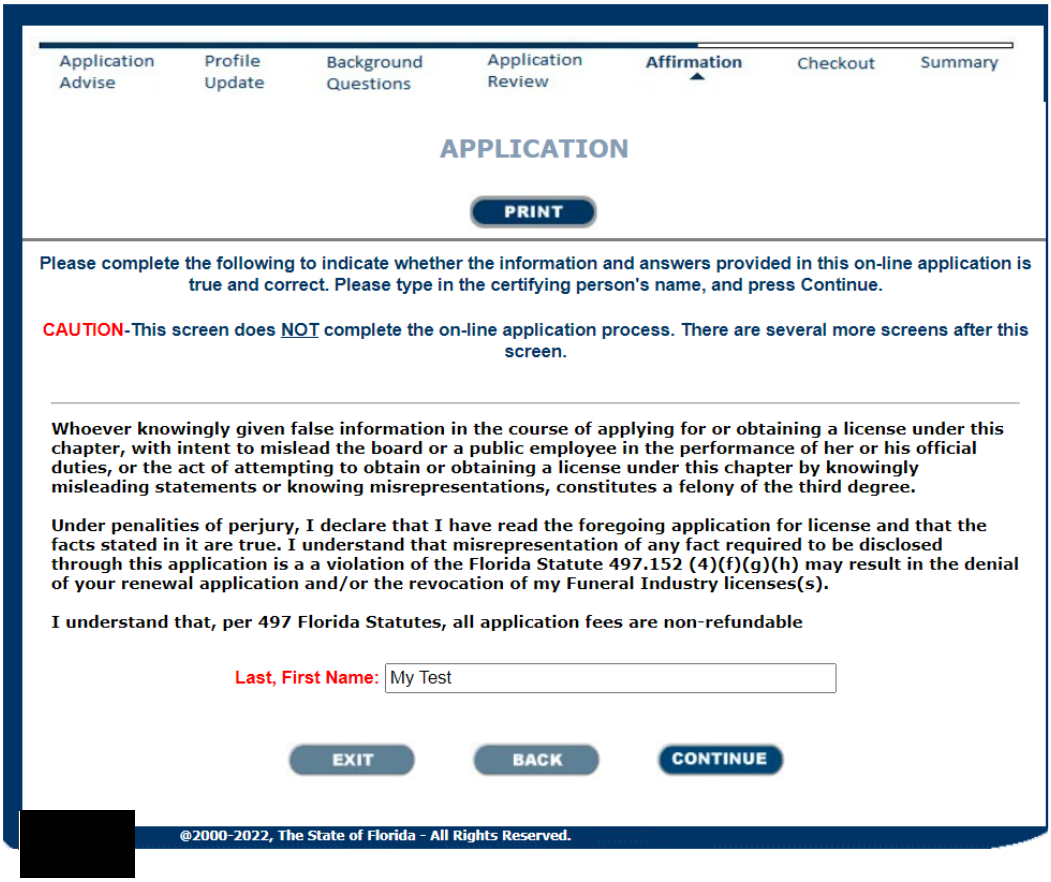
Yes/No No

DEFICIENCIES

EXIT

[redacted]@2000-2

Enter name and click "Continue" button..



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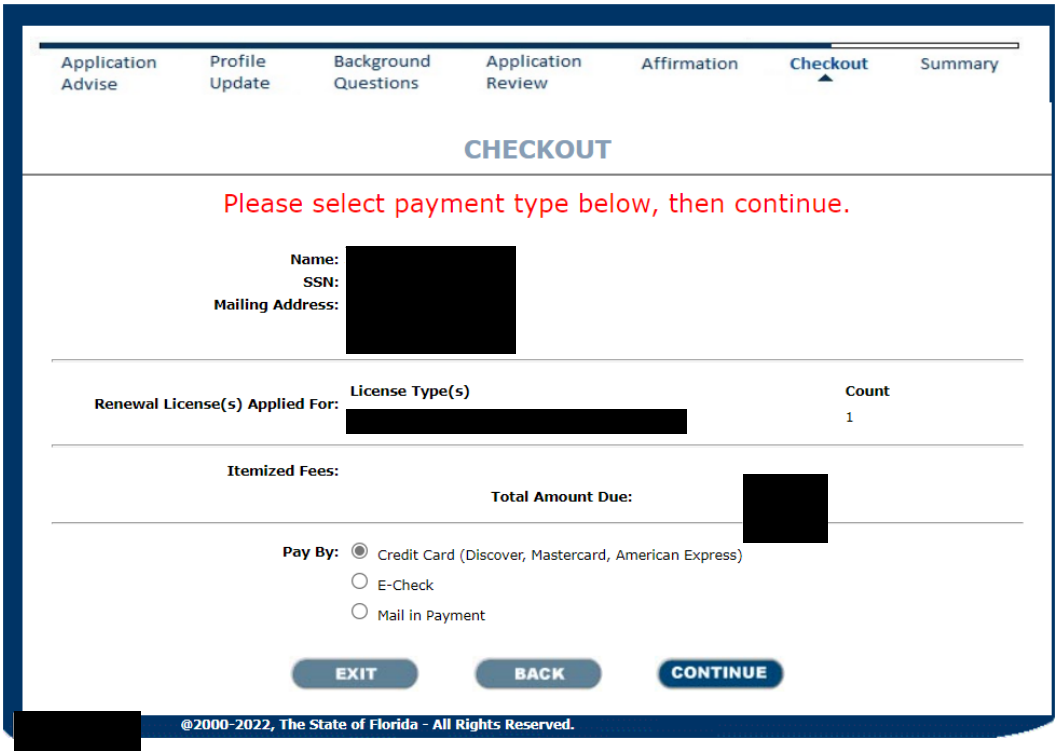

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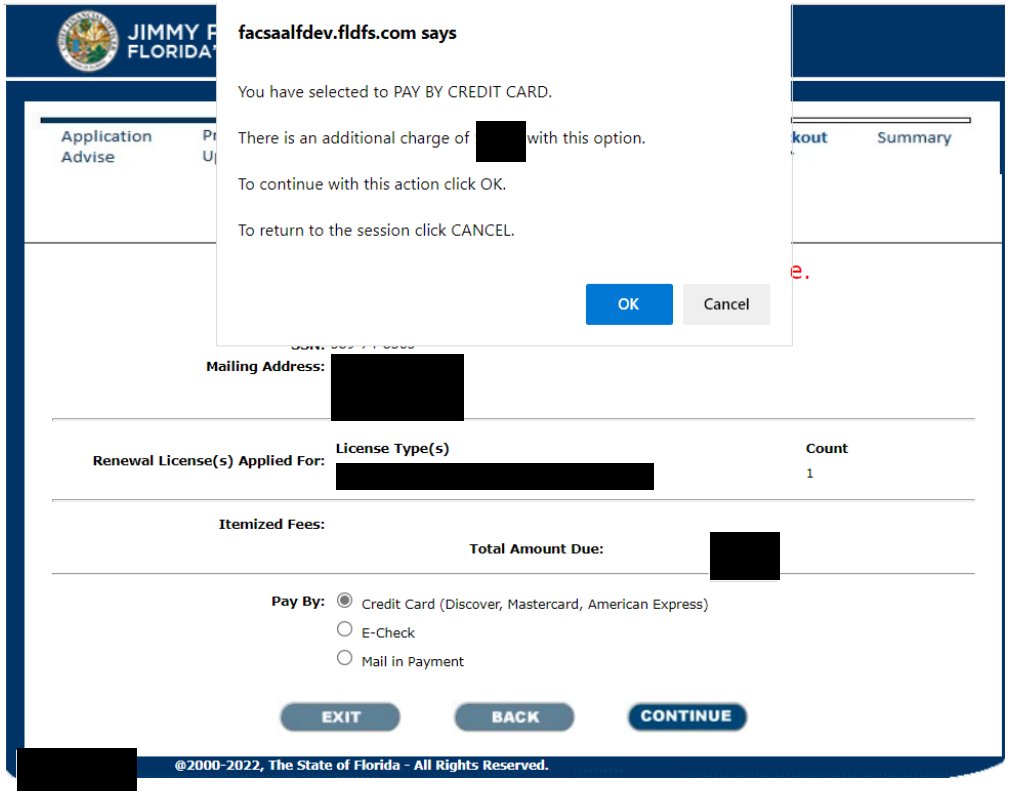

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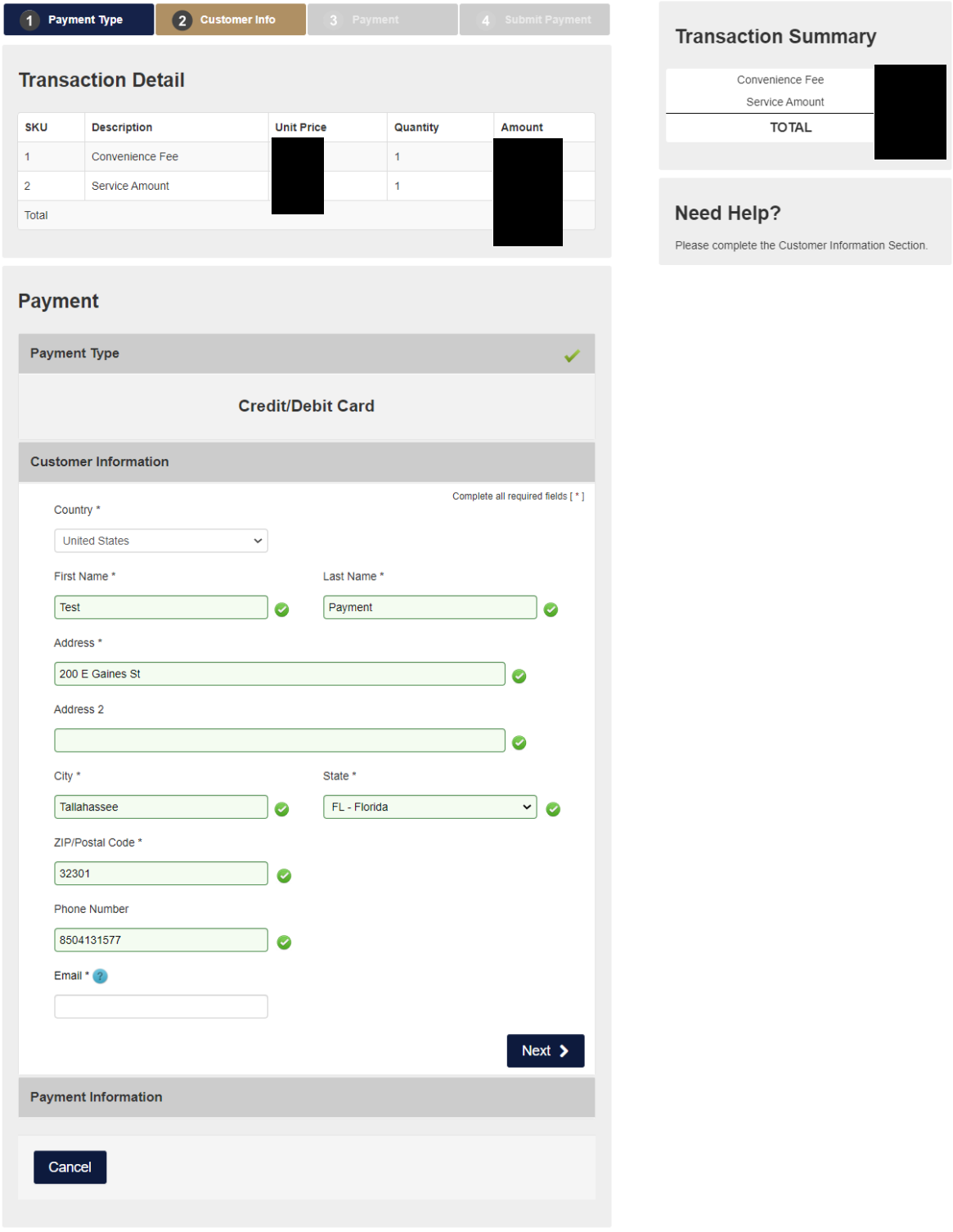

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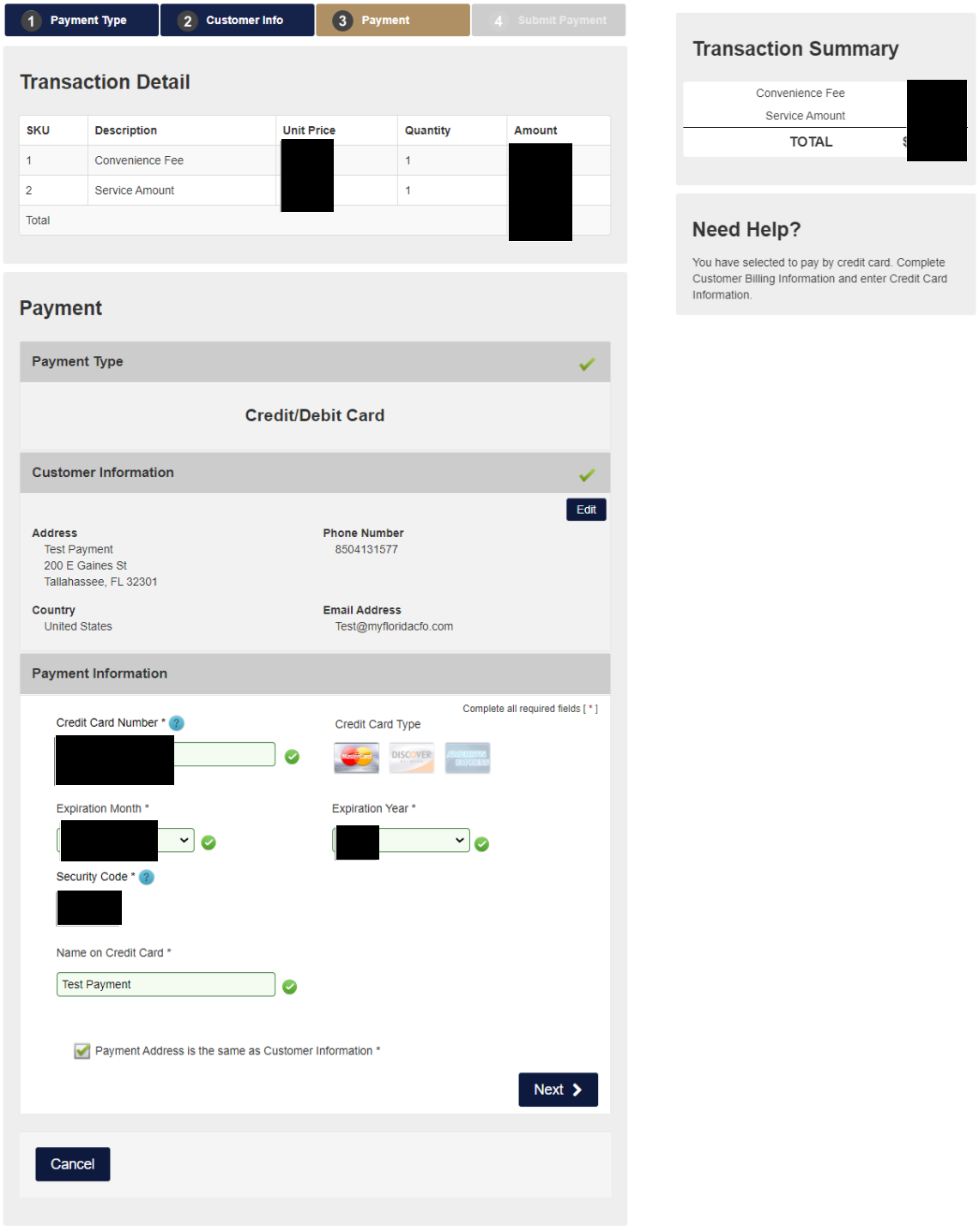
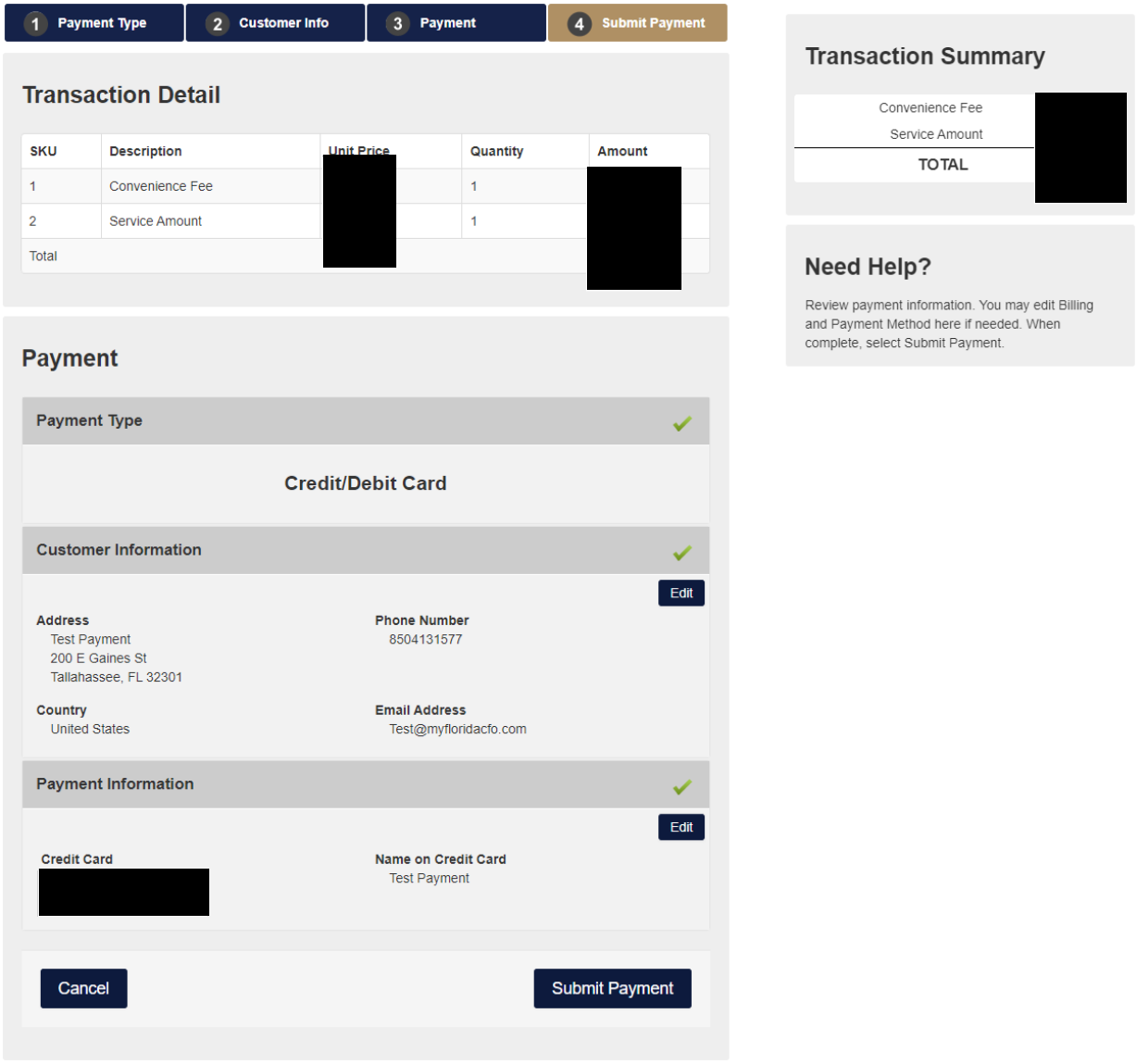
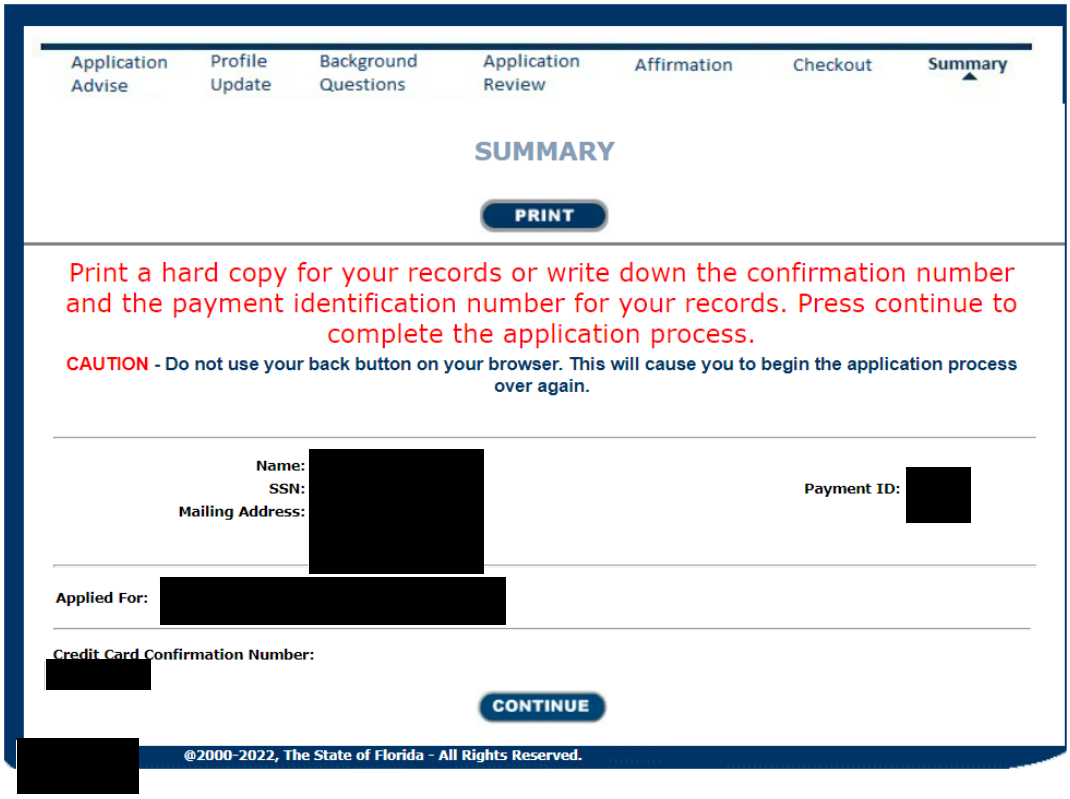


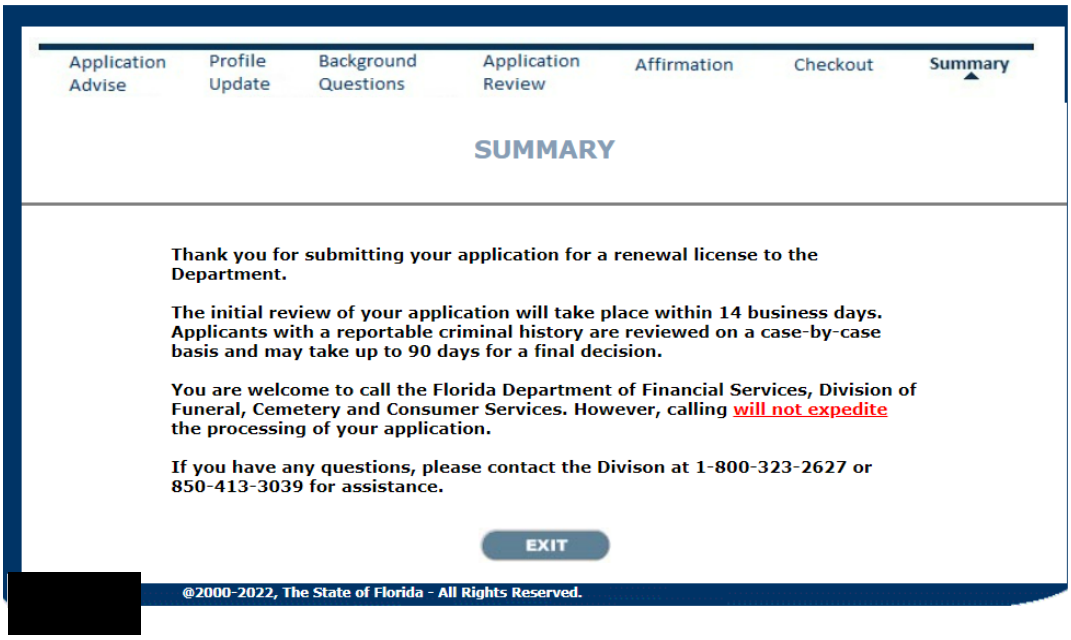
Click "Submit Payment" button.



Select "Continue" button. User will be redirected to FCCS eAppoint website with confirmation number.

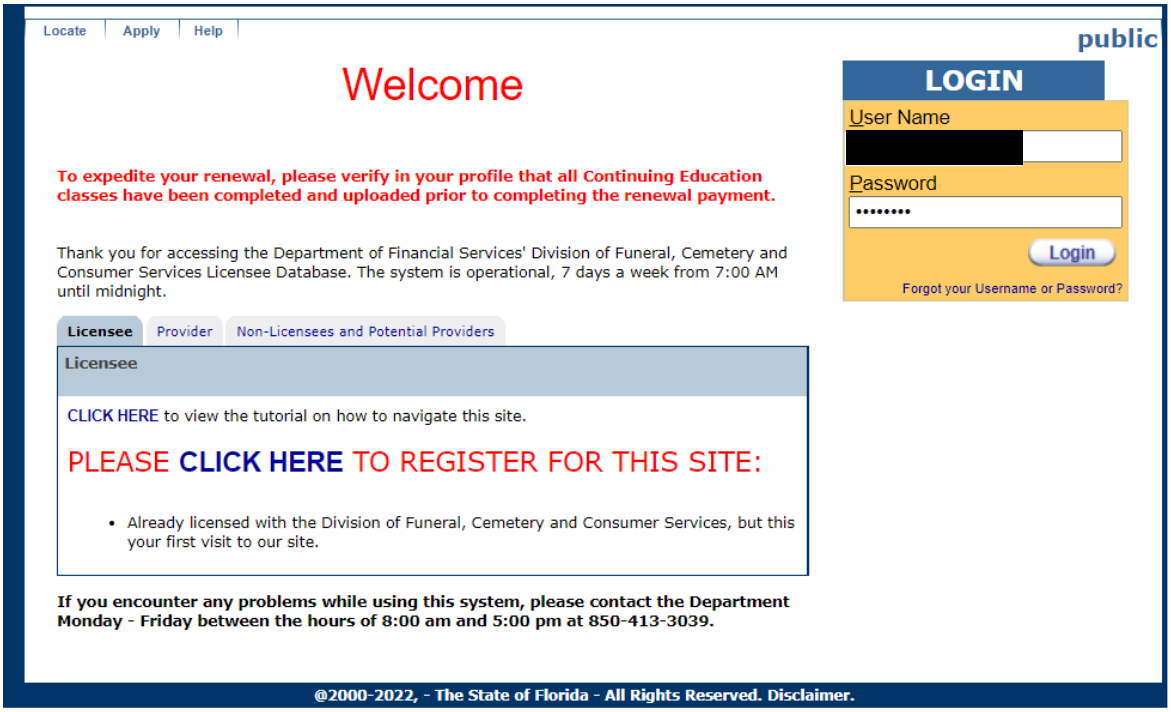


Click on "Exit" button..



Application processing using E-Check payment.

Login to FACS-DICE.



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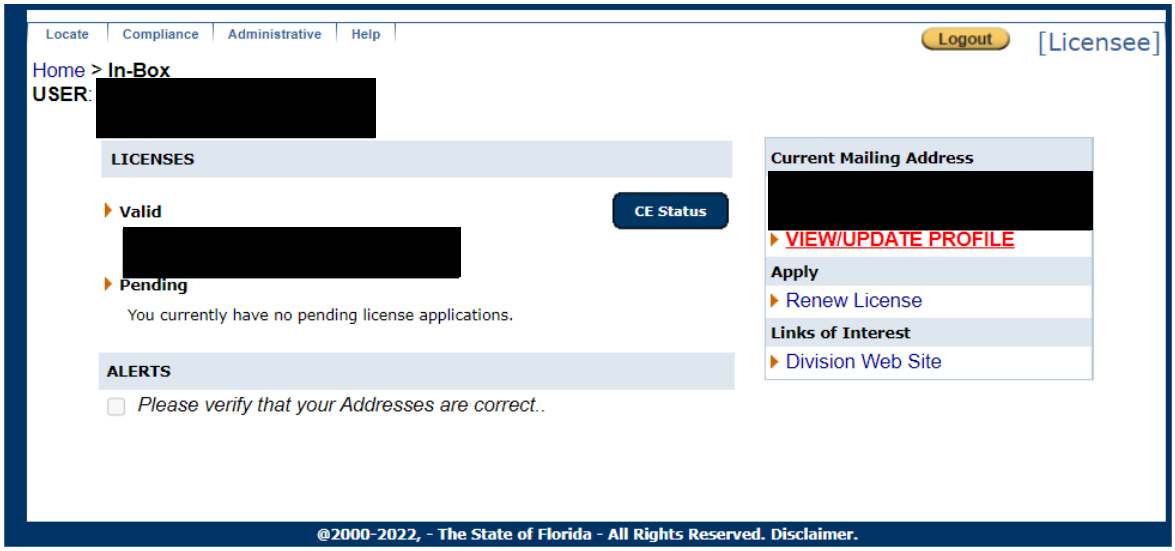
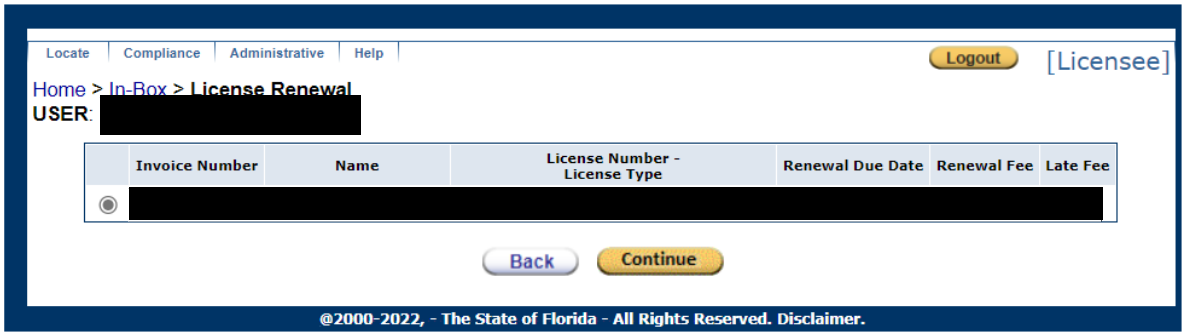


Select invoice and click "Continue" button.



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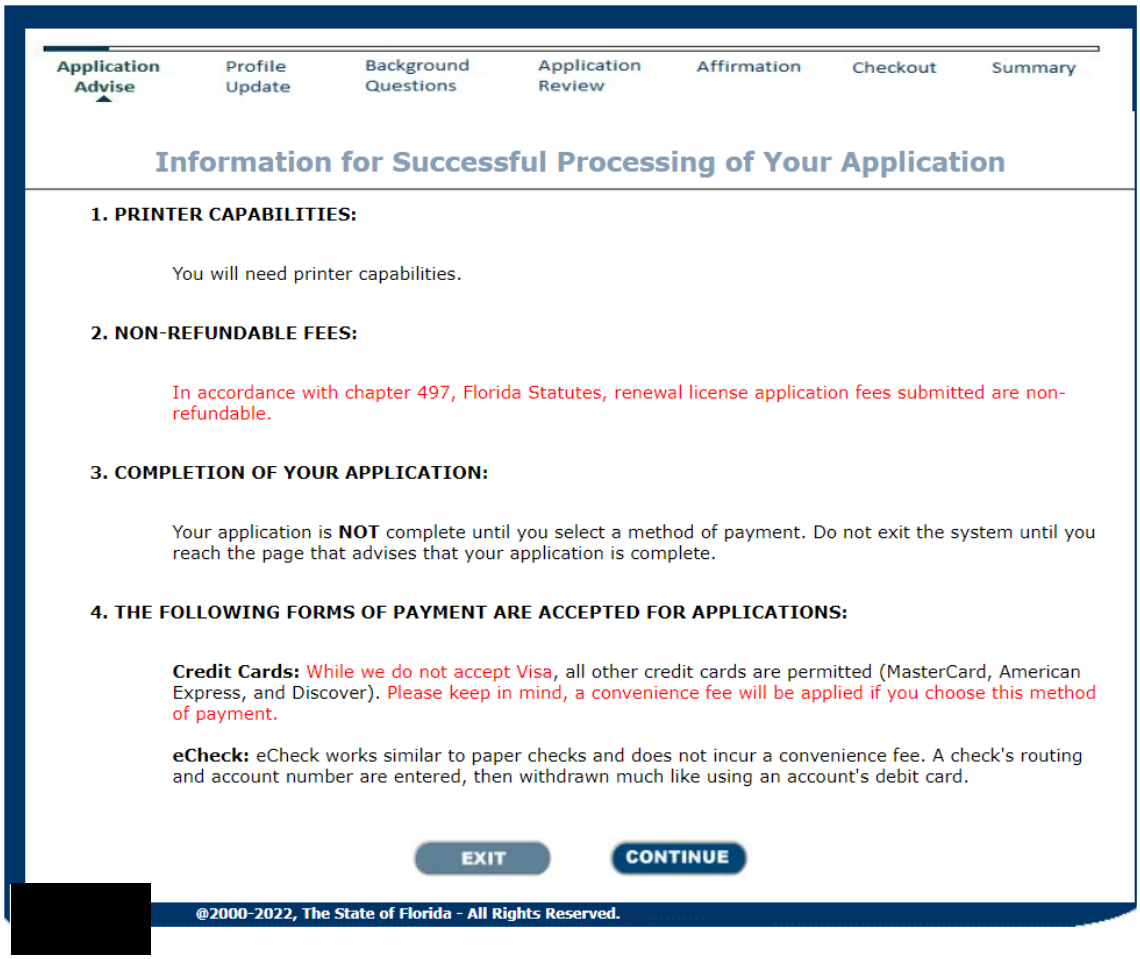

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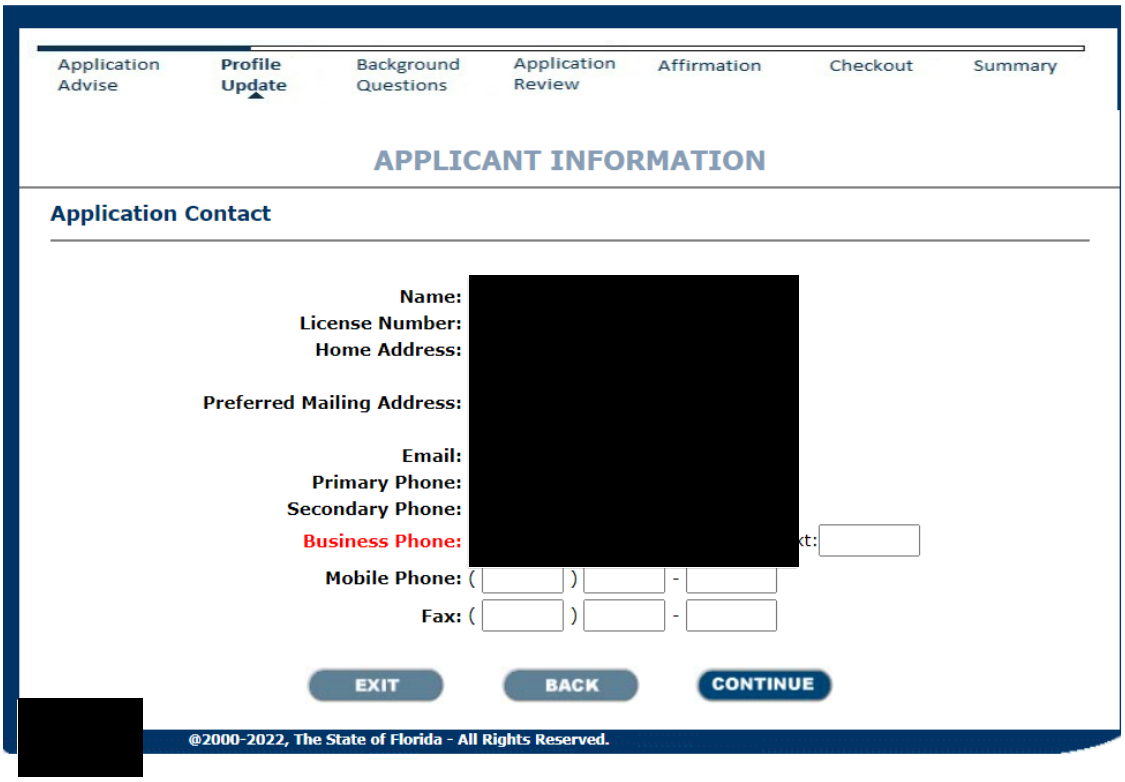

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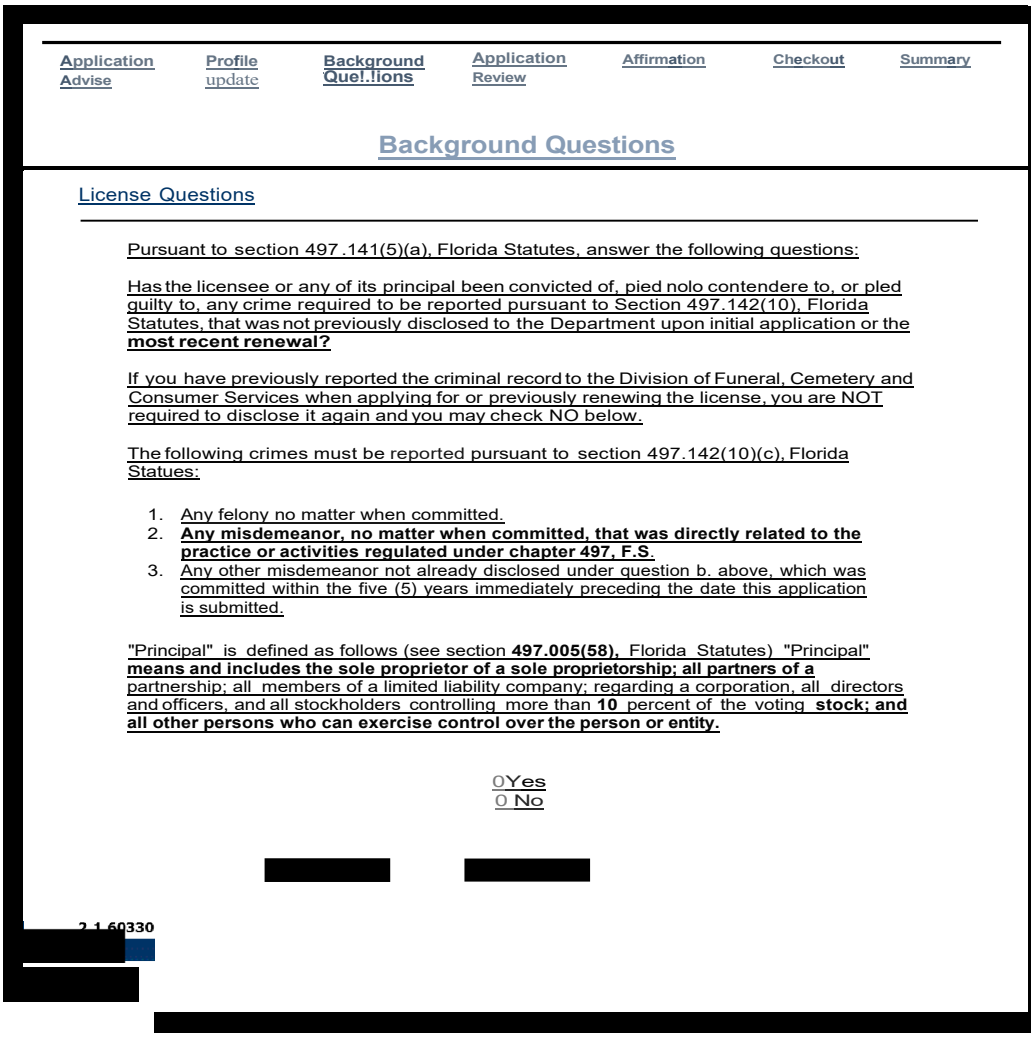

Application Advise | Profile update | Background Que!.!ions | Application Review | Affirmation | Checkout | Summary

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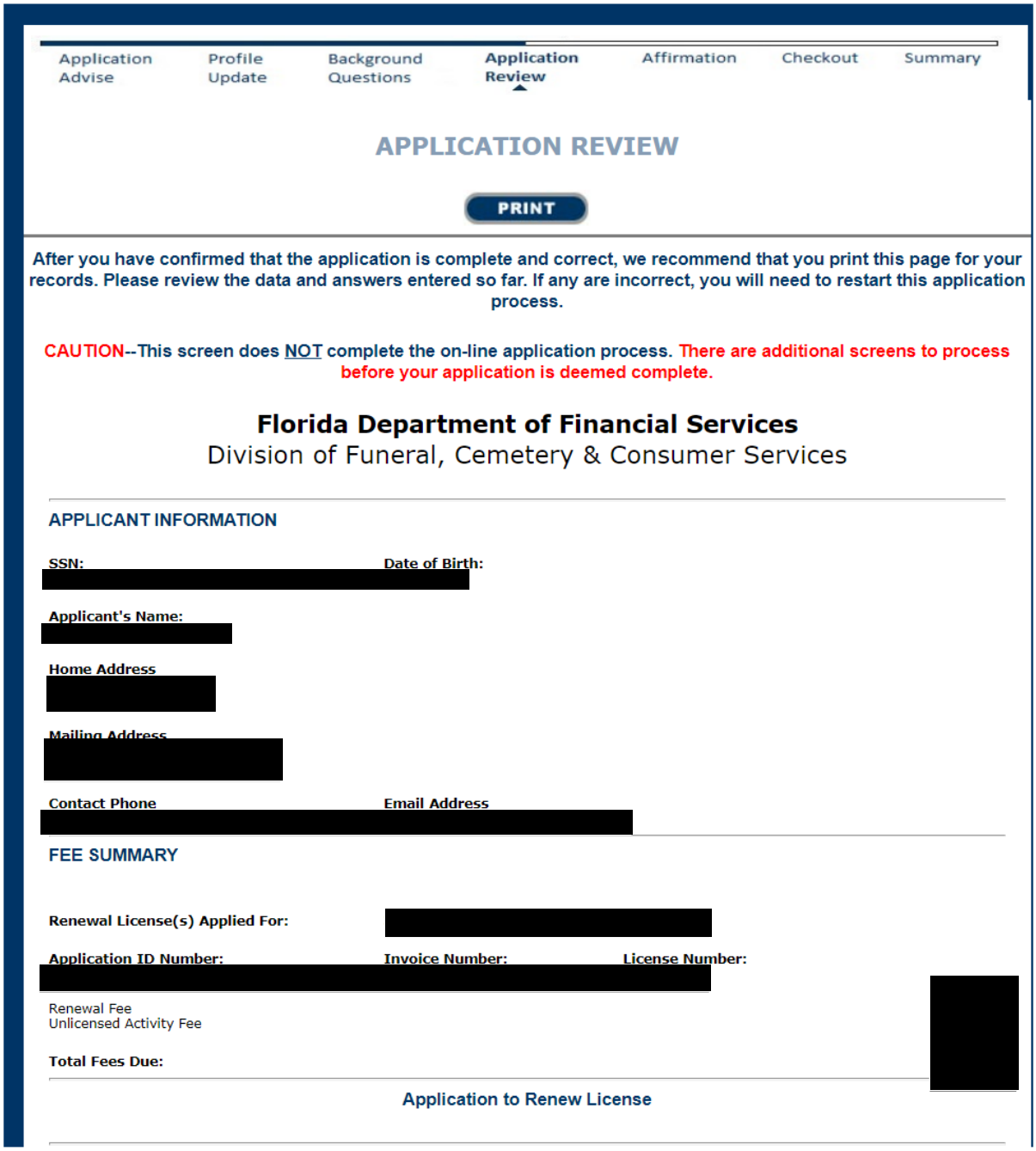
0Yes
0 No

Click "Continue" button.



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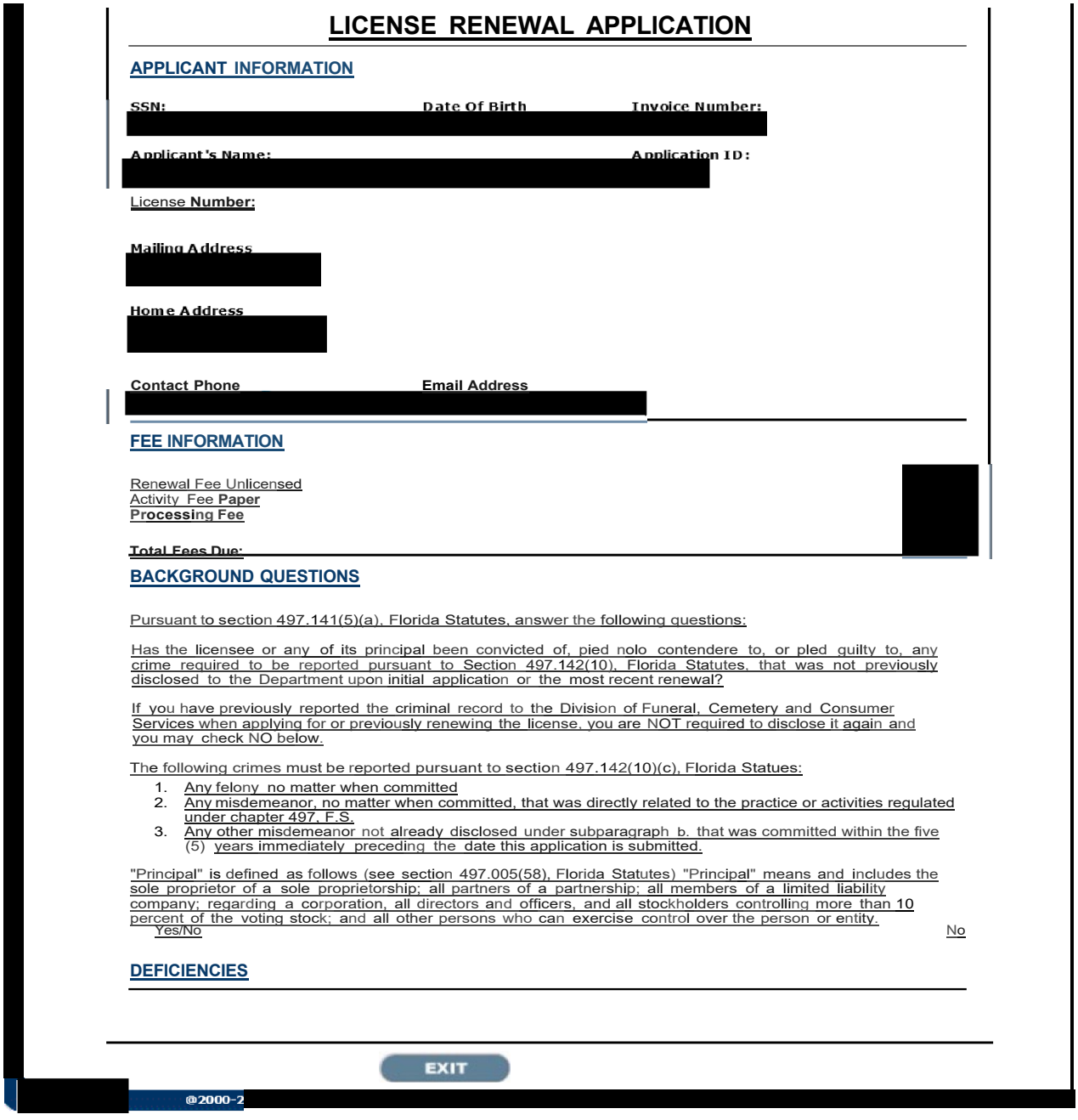

LICENSE RENEWAL APPLICATION

APPLICANT INFORMATION

SSN: [redacted] Date Of Birth [redacted] Invoice Number: [redacted]

Applicant's Name: [redacted] Application ID: [redacted]

License Number:

Mailing Address [redacted]

Home Address [redacted]

Contact Phone [redacted] Email Address [redacted]

FEE INFORMATION

Renewal Fee Unlicensed [redacted]
Activity Fee Paper
Processing Fee

Total Fees Due:

BACKGROUND QUESTIONS

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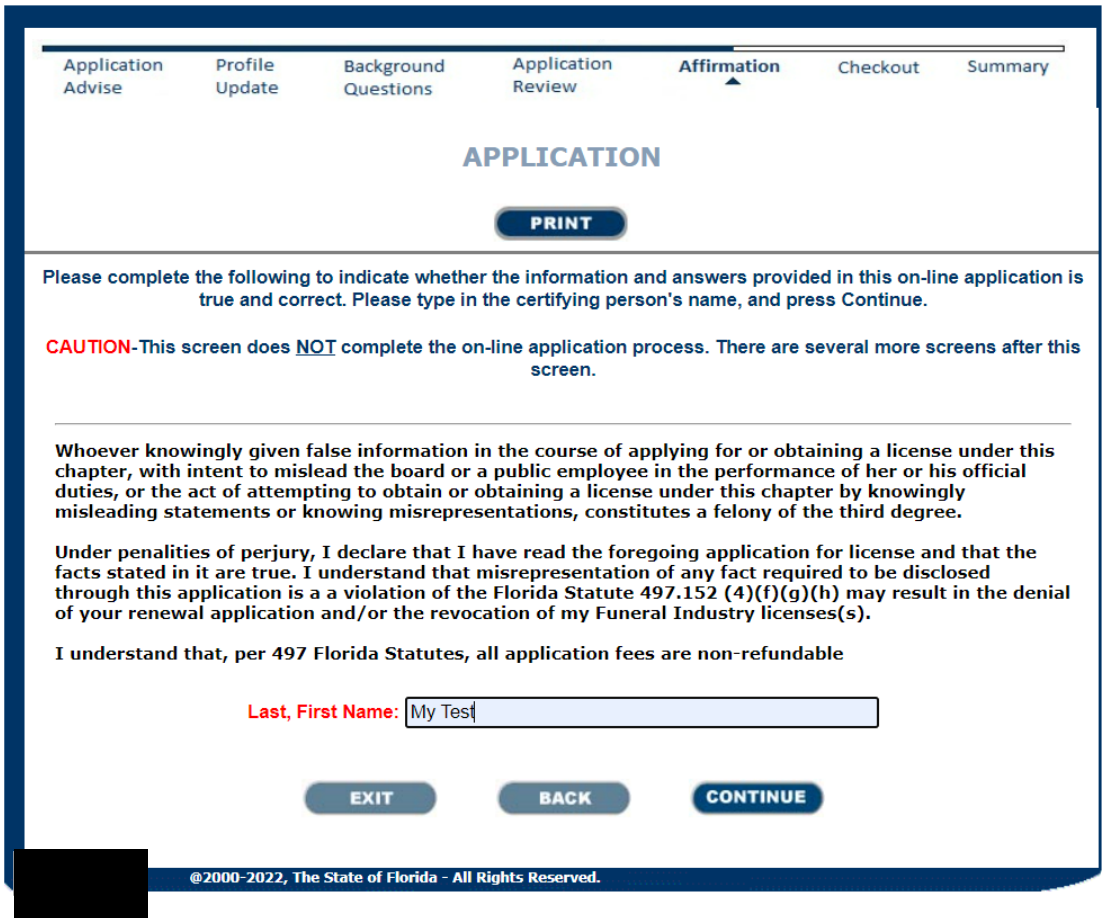
Yes/No No

DEFICIENCIES

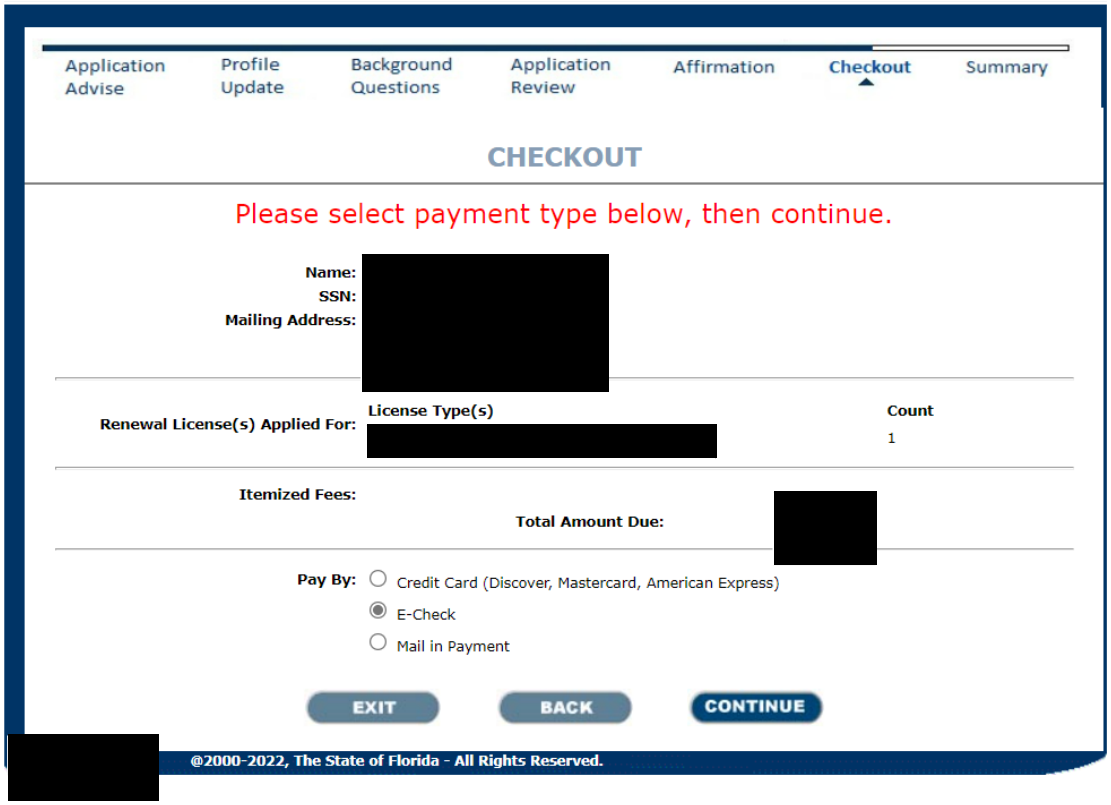
EXIT

@2000-2 [redacted]

Enter requested information and click "Continue" button.



Select e-check and click "Continue" button..



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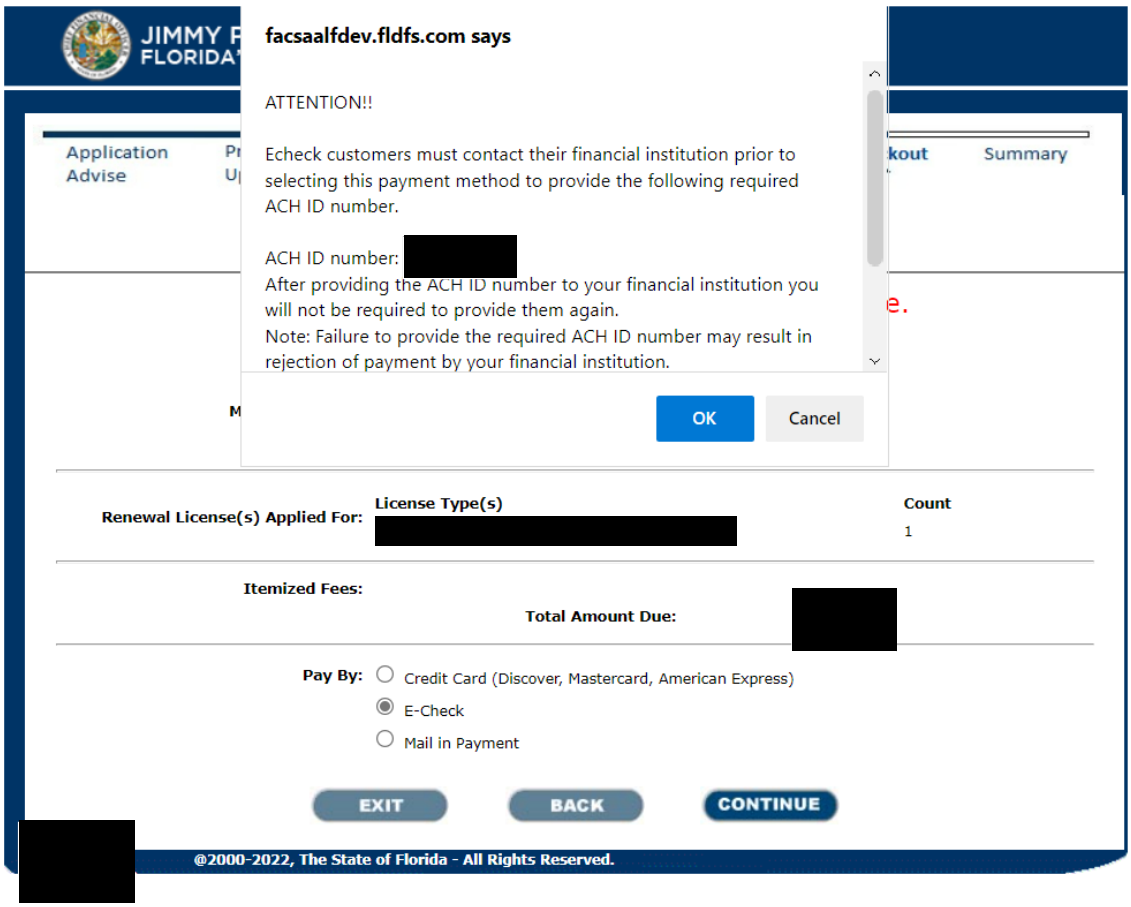
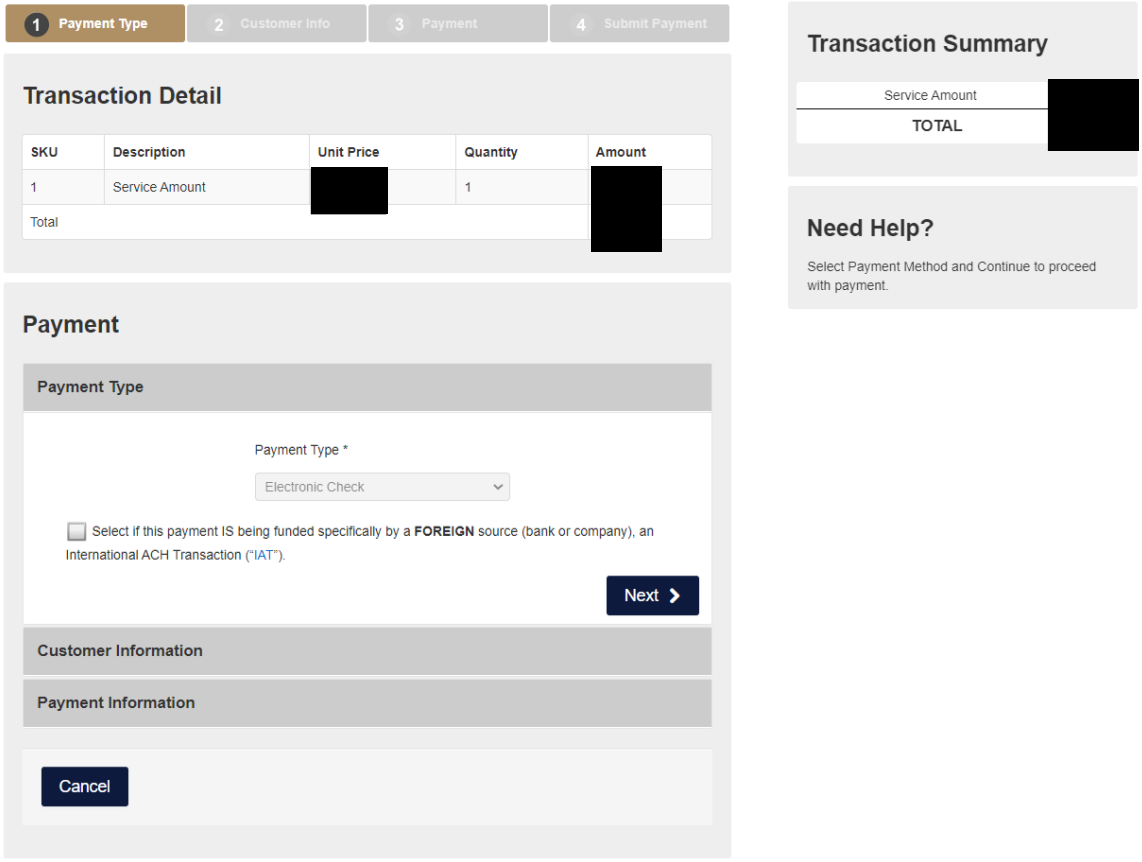
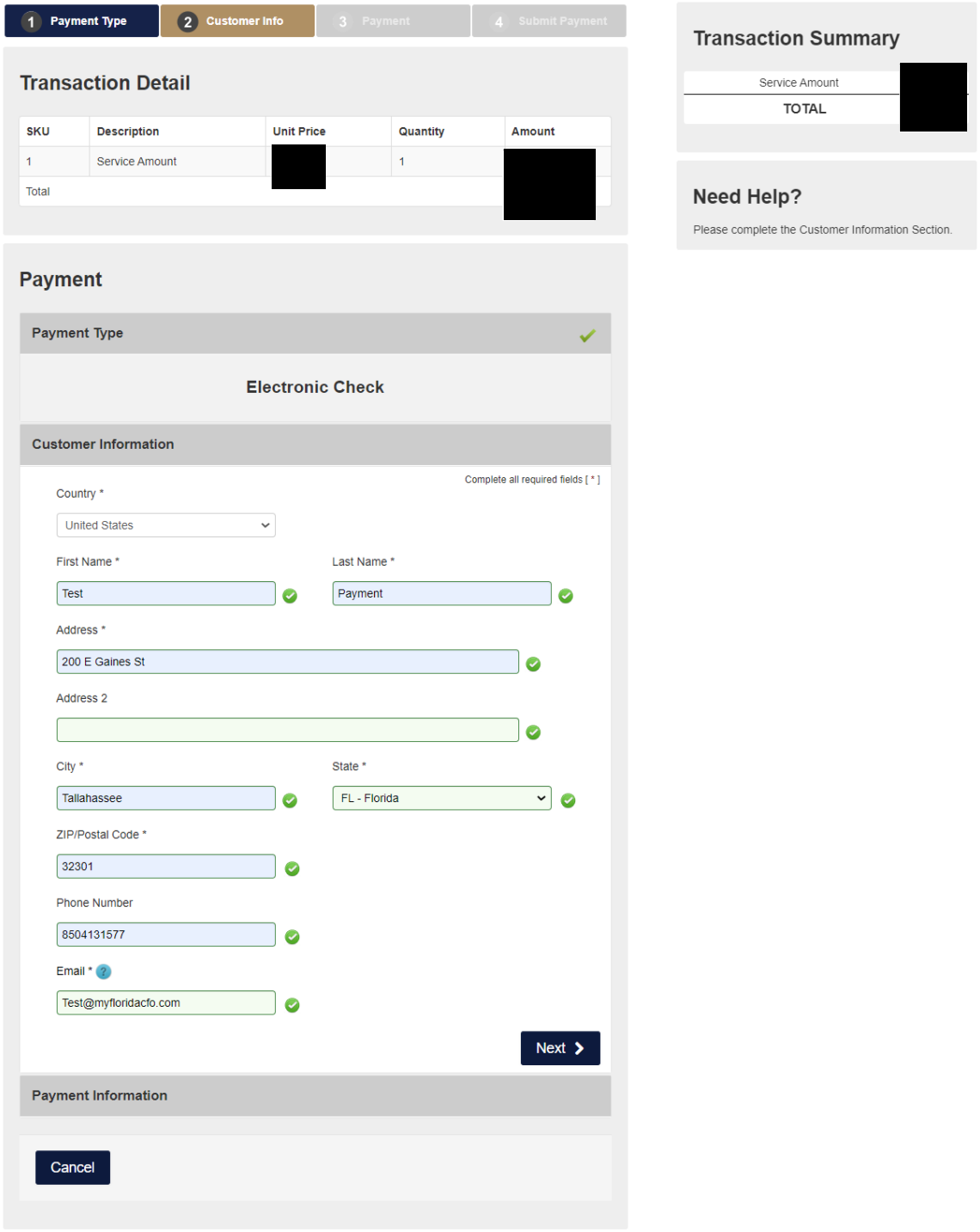

facsaalfdev.fldfs.com says
ATTENTION!!
Echeck customers must contact their financial institution prior to selecting this payment method to provide the following required ACH ID number.
ACH ID number: [redacted]
After providing the ACH ID number to your financial institution you will not be required to provide them again.
Note: Failure to provide the required ACH ID number may result in rejection of payment by your financial institution.
OK
Cancel
Application
Advise
Summary
Renewal License(s) Applied For:
License Type(s)
[redacted]
Count
1
Itemized Fees:
Total Amount Due:
[redacted]
Pay By:
Credit Card (Discover, Mastercard, American Express)
E-Check
Mail in Payment
EXIT
BACK
CONTINUE
[redacted]
@2000-2022, The State of Florida - All Rights Reserved.

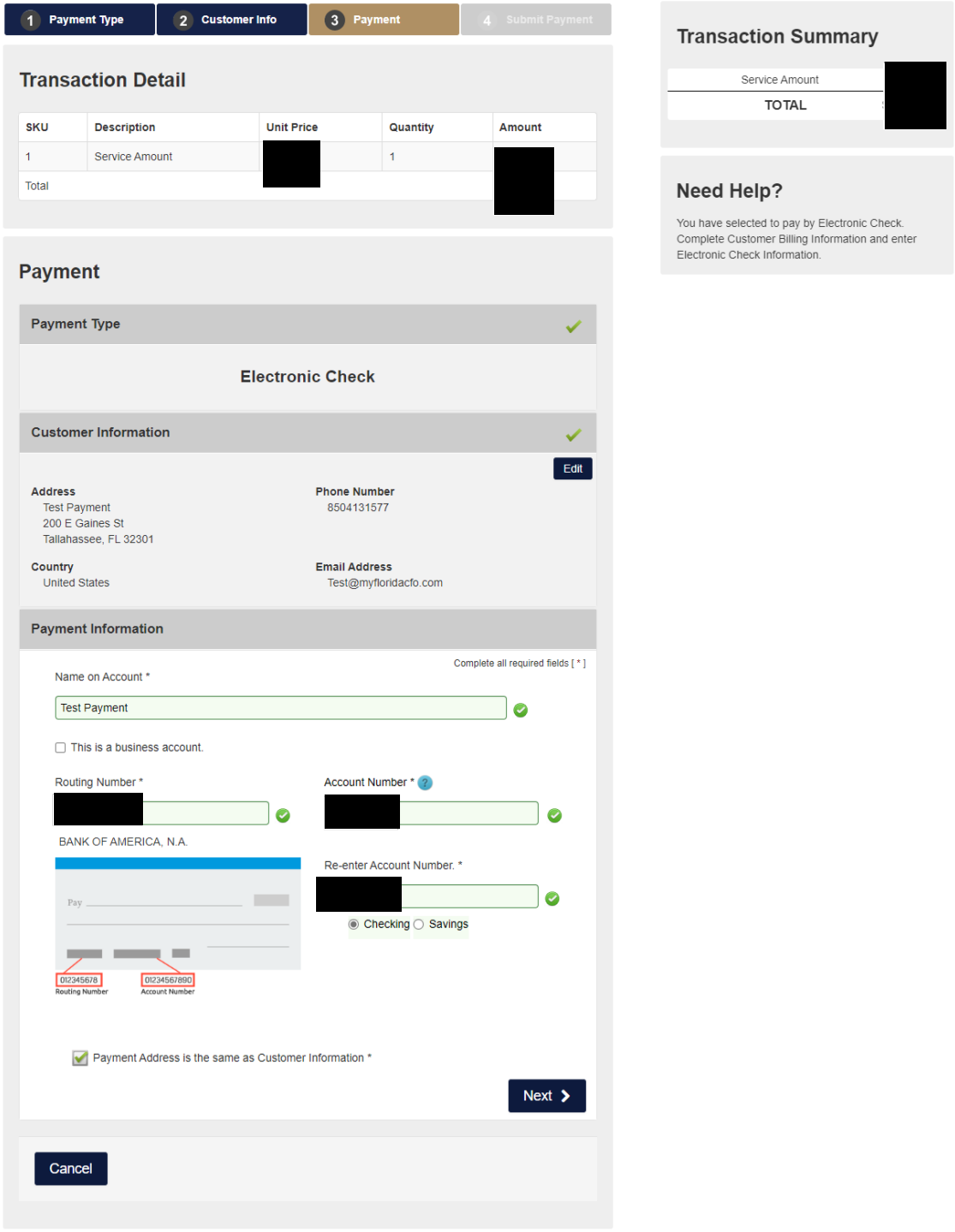
Select payment type and click "Next" button.



Enter customer information and click "Next" button.



Enter valid payment information and click "Next" button.



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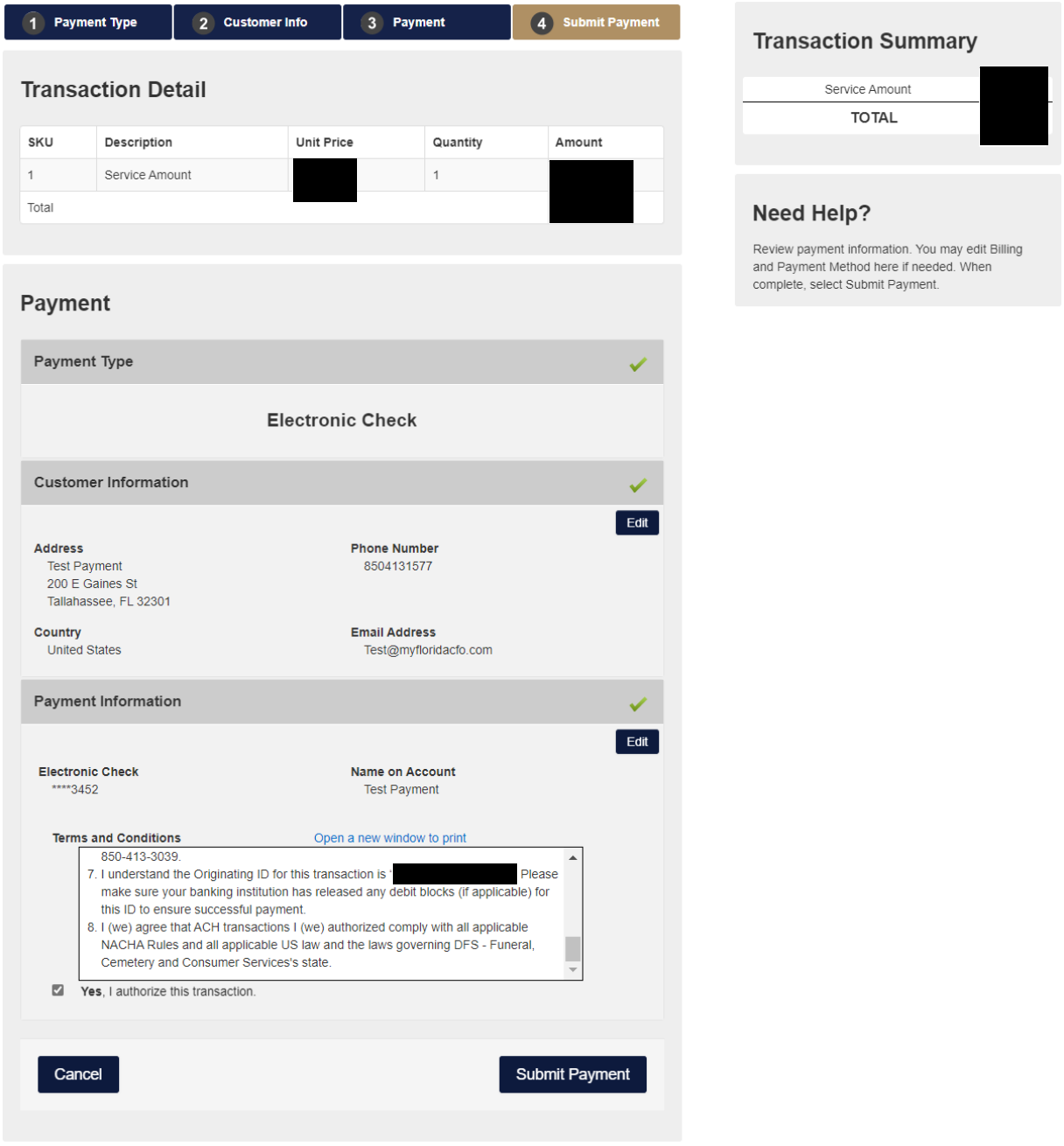

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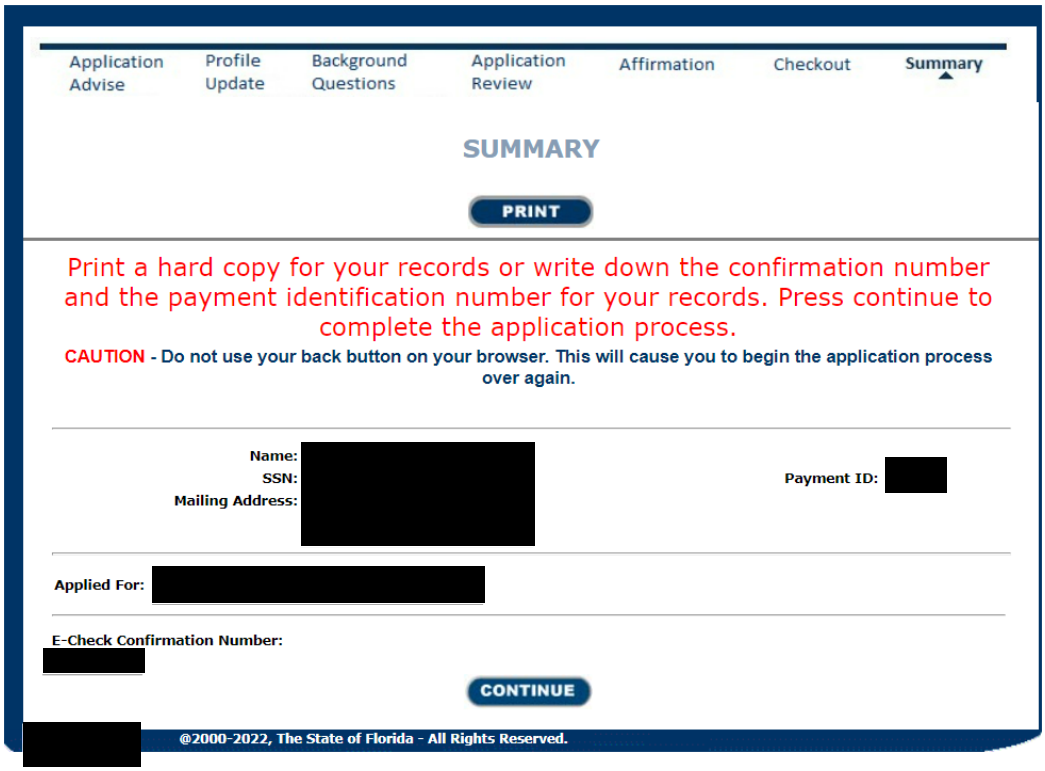

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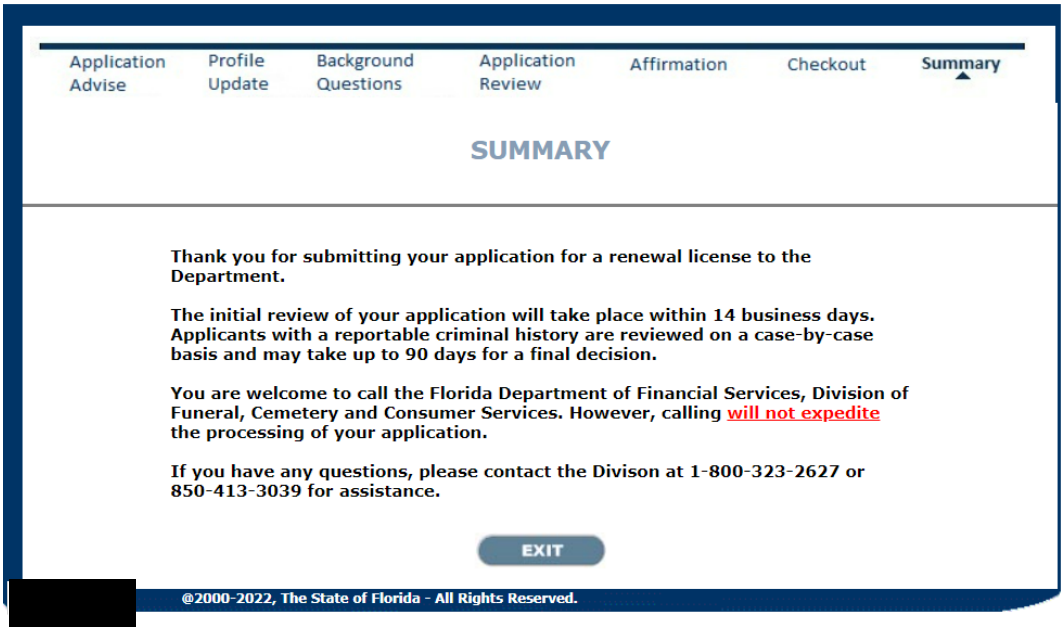
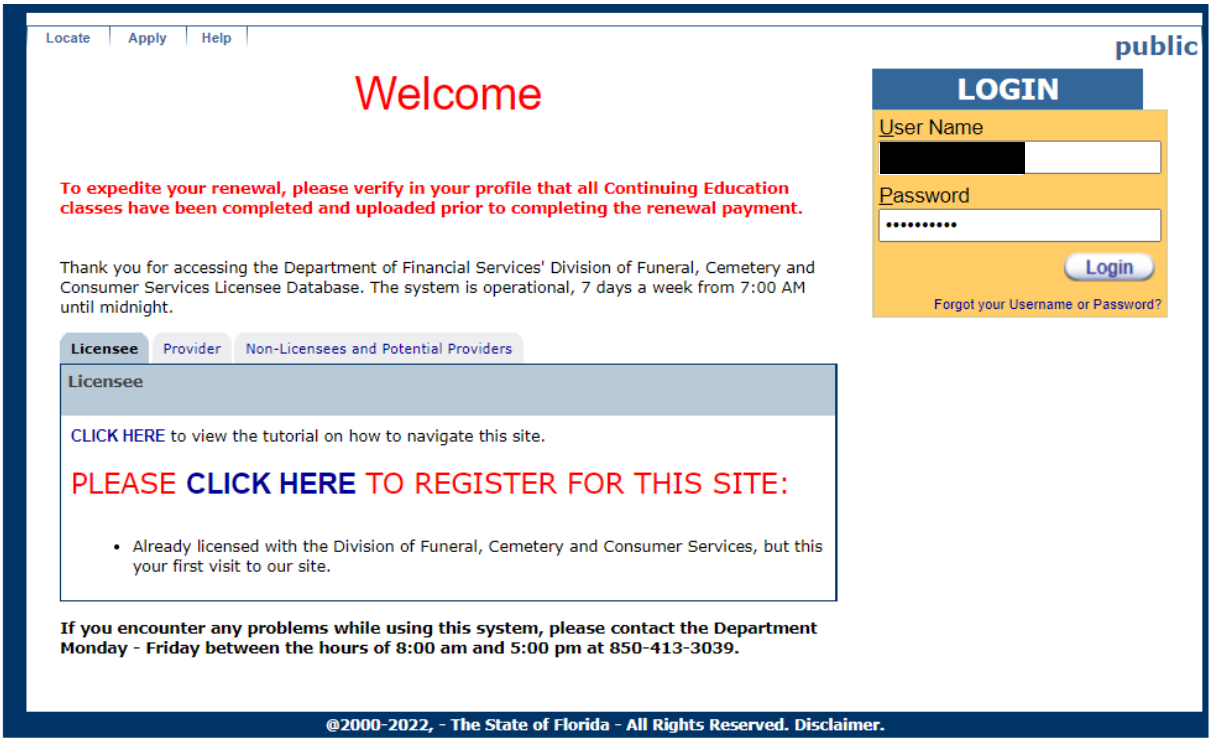


Application processing using Mail in payment.

Login to FACS-DICE.



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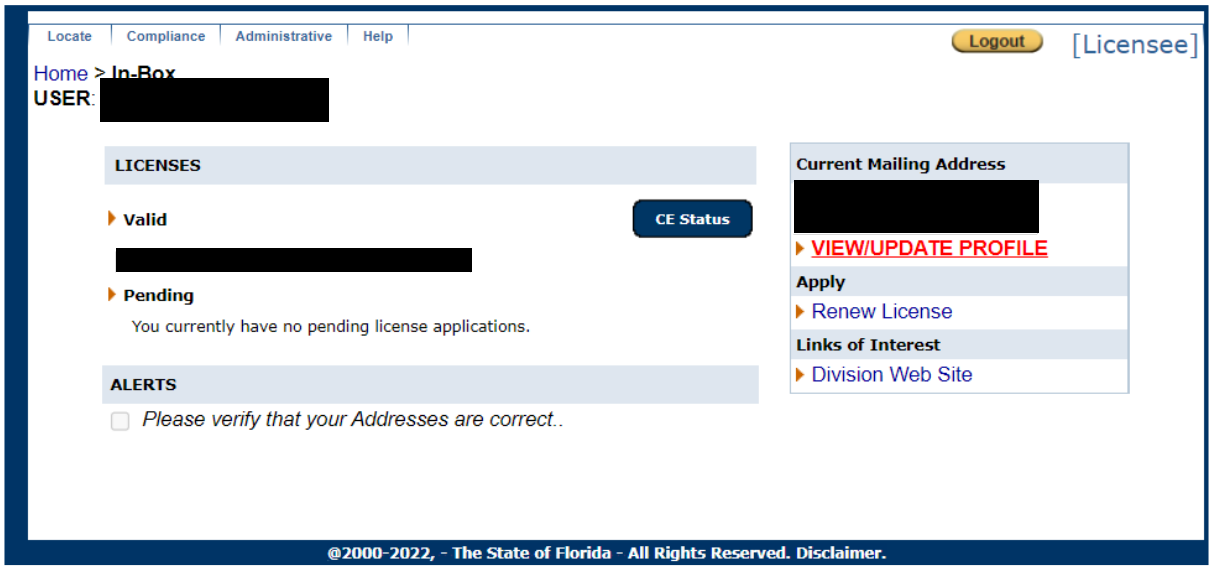
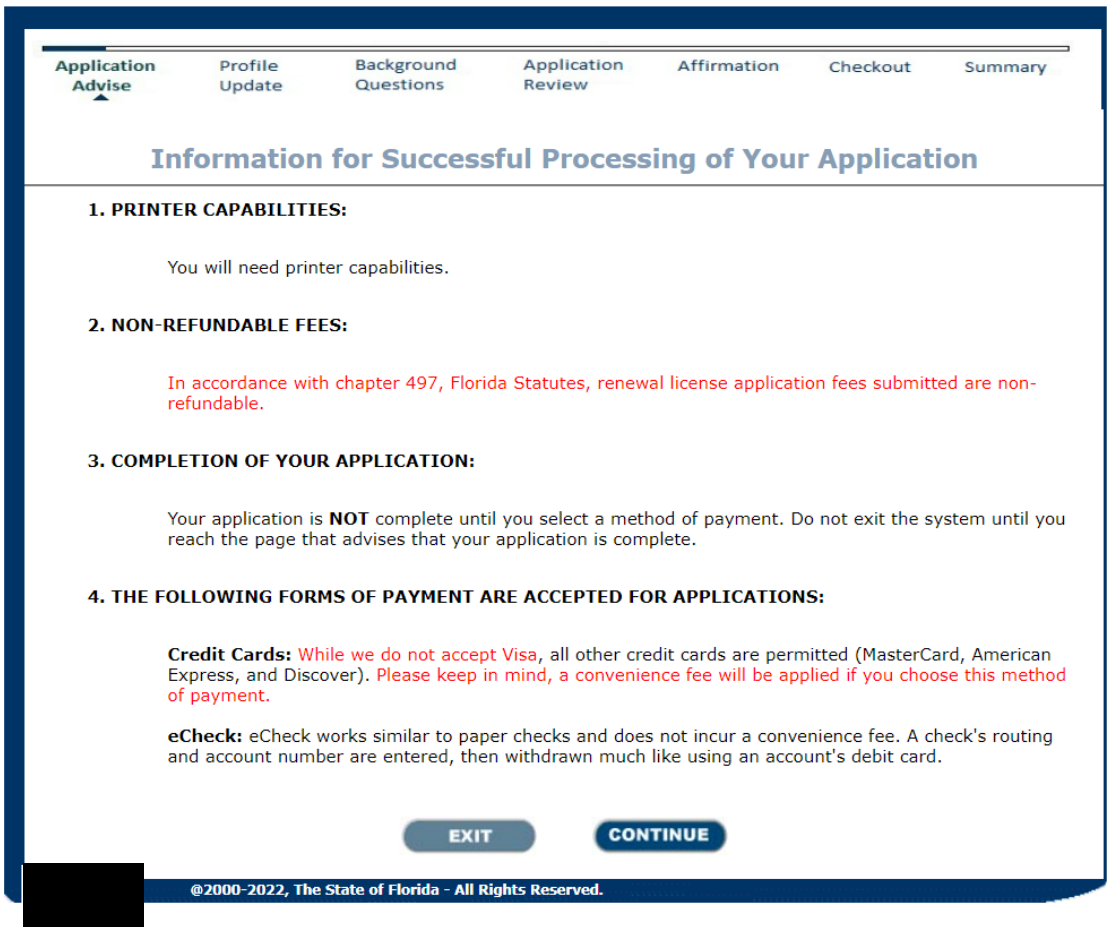
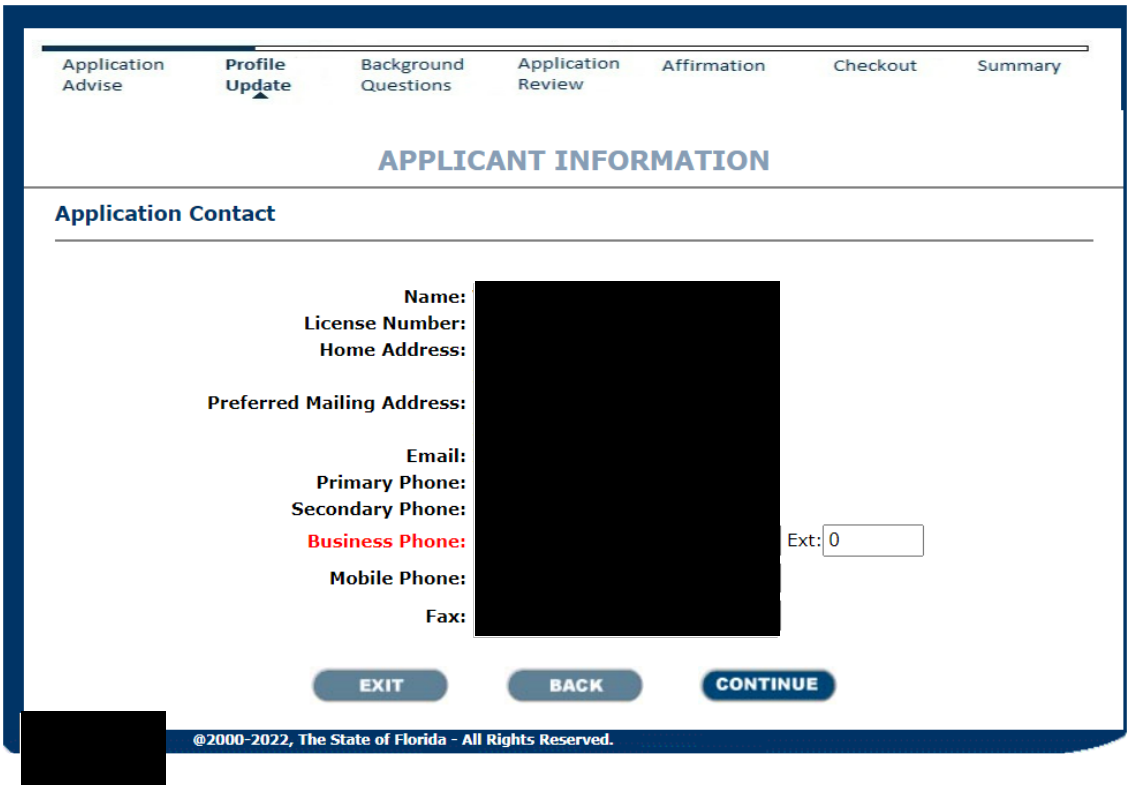


Select invoice and click "Continue" button.

Click "Continue" button.



Verify/update phone and/or fax number and click on "Continue" button.



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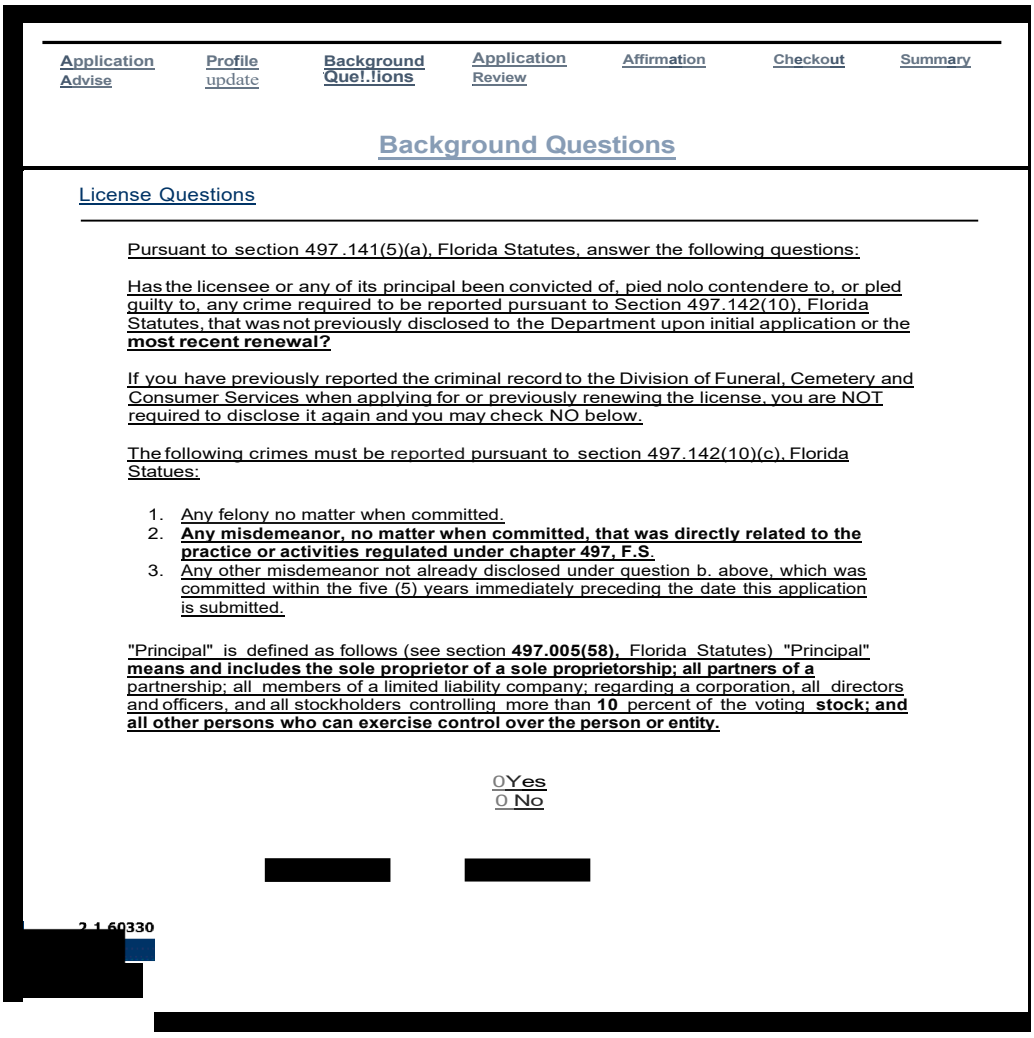

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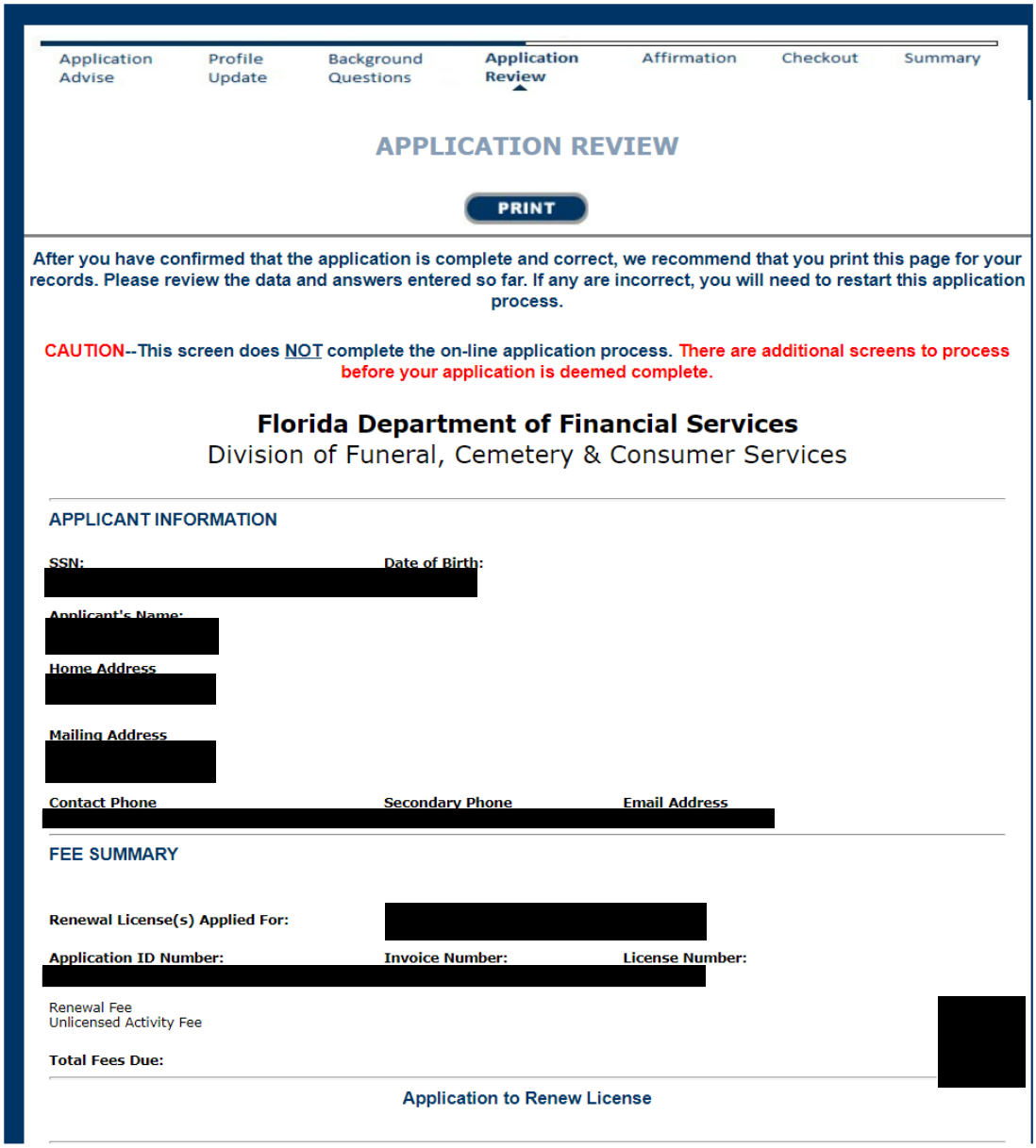
0 Yes
0 No

[redacted] [redacted]

2 1 60330

Click "Continue" button.



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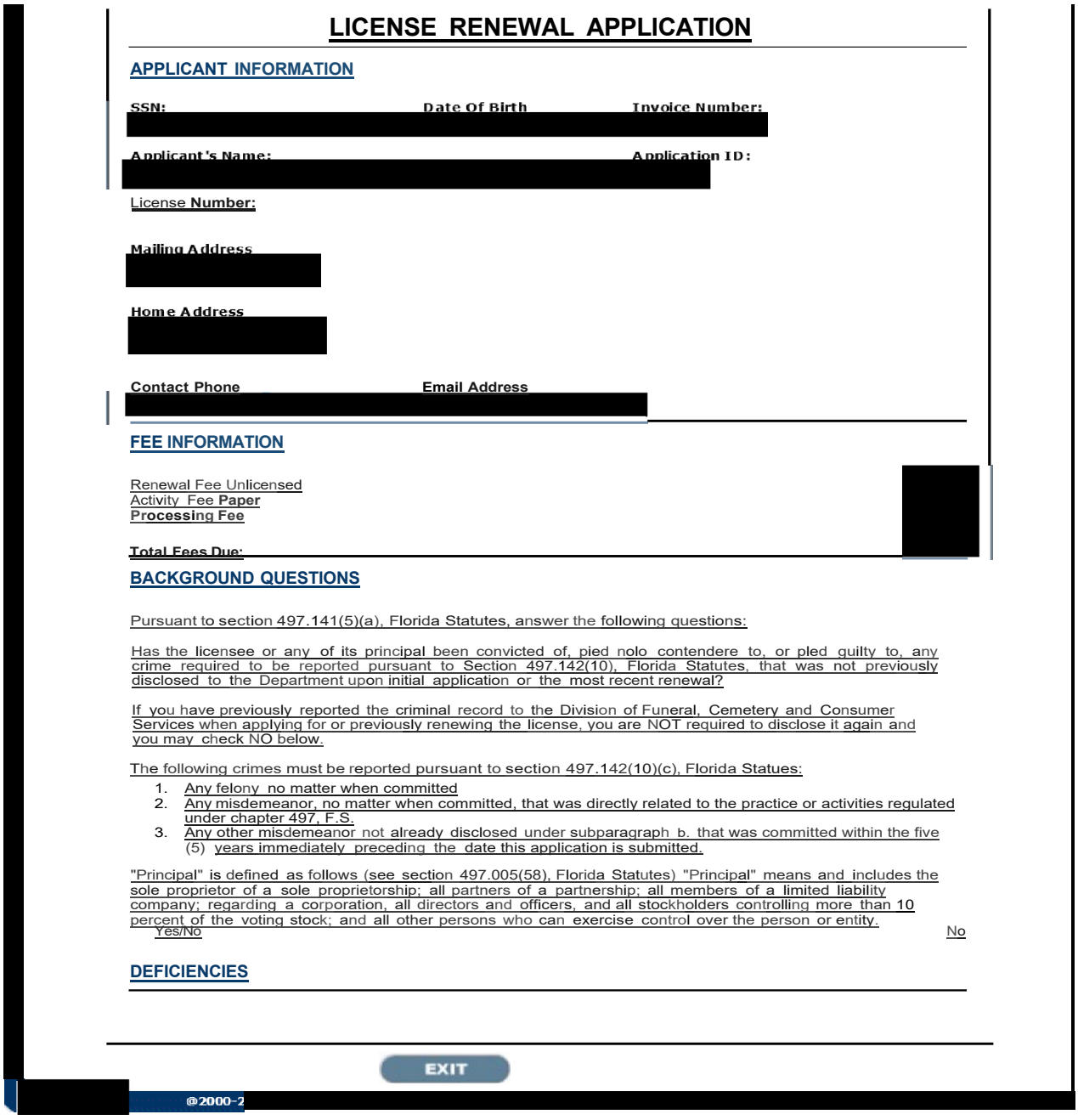

LICENSE RENEWAL APPLICATION

APPLICANT INFORMATION

SSN: [redacted] Date Of Birth [redacted] Invoice Number: [redacted]

Applicant's Name: [redacted] Application ID: [redacted]

License Number:

Mailing Address [redacted]

Home Address [redacted]

Contact Phone [redacted] Email Address [redacted]

FEE INFORMATION

Renewal Fee Unlicensed [redacted]
Activity Fee Paper
Processing Fee

Total Fees Due:

BACKGROUND QUESTIONS

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2. Any misdemeanor, no matter when committed, that was directly related to the practice or activities regulated under chapter 497, F.S.
3. Any other misdemeanor not already disclosed under subparagraph b. that was committed within the five (5) years immediately preceding the date this application is submitted.

"Principal" is defined as follows (see section 497.005(58), Florida Statutes) "Principal" means and includes the sole proprietor of a sole proprietorship; all partners of a partnership; all members of a limited liability company; regarding a corporation, all directors and officers, and all stockholders controlling more than 10 percent of the voting stock; and all other persons who can exercise control over the person or entity.

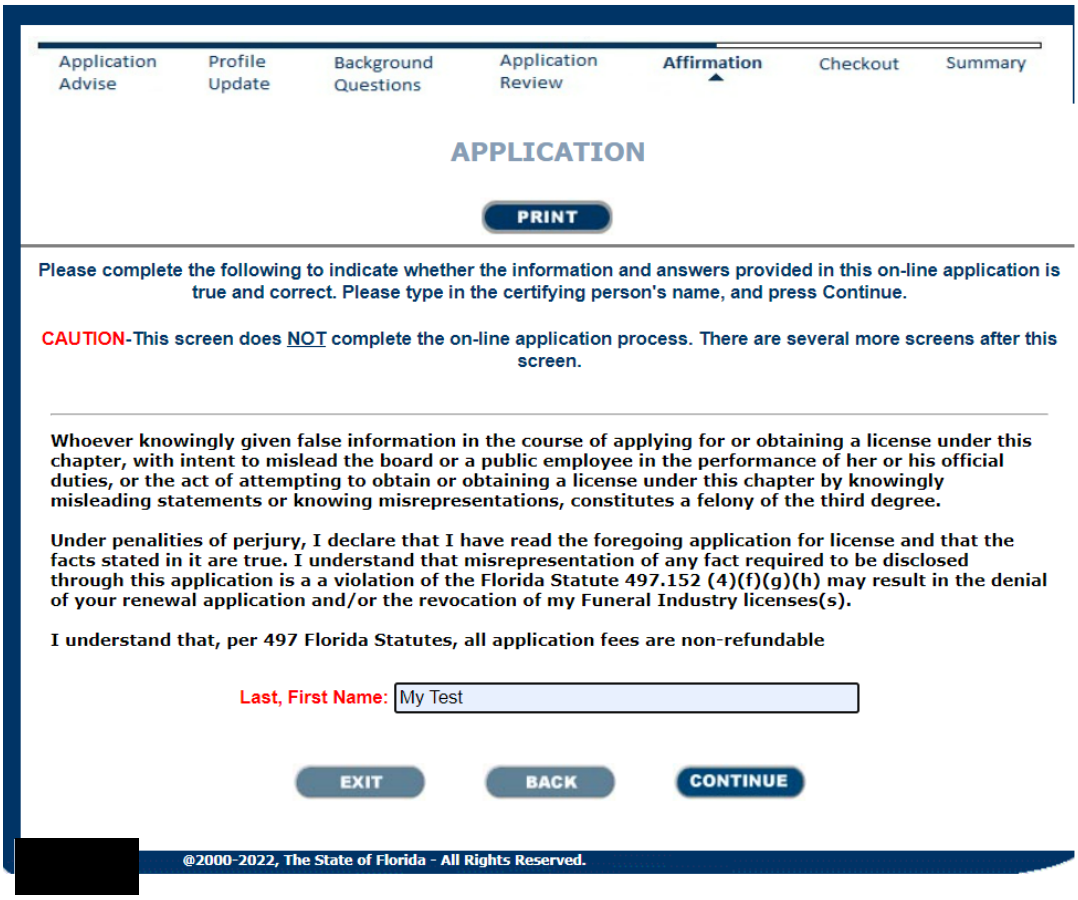
Yes/No No

DEFICIENCIES

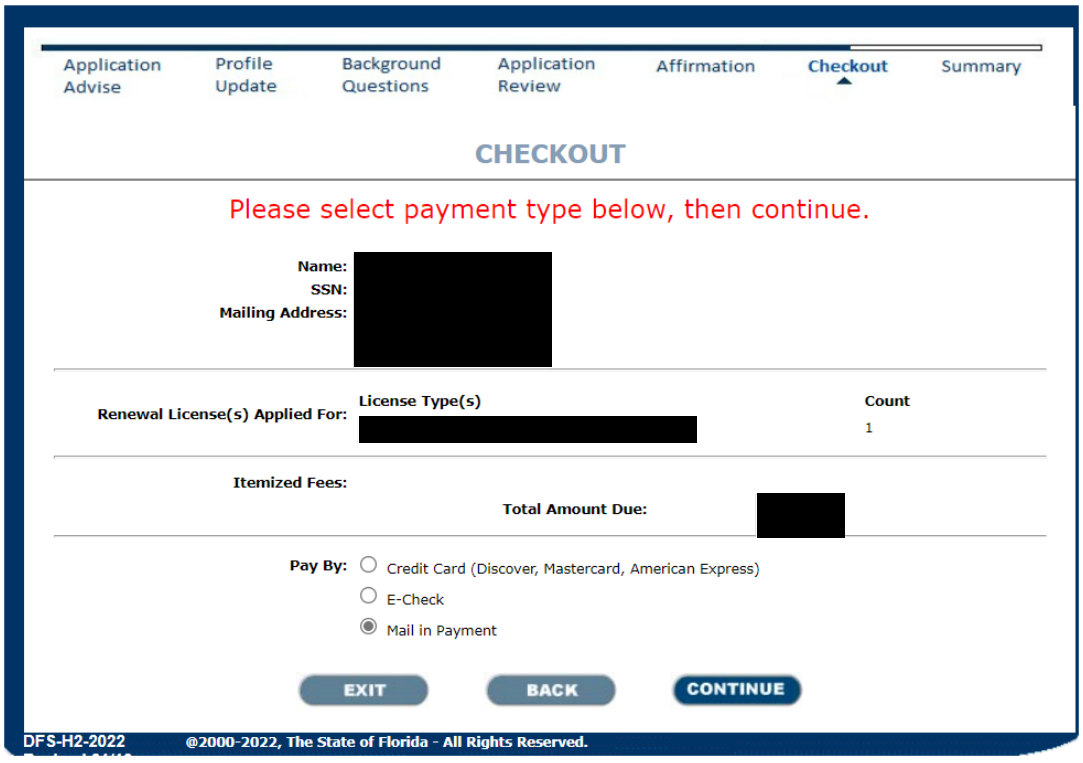
EXIT

[redacted] @2000-2

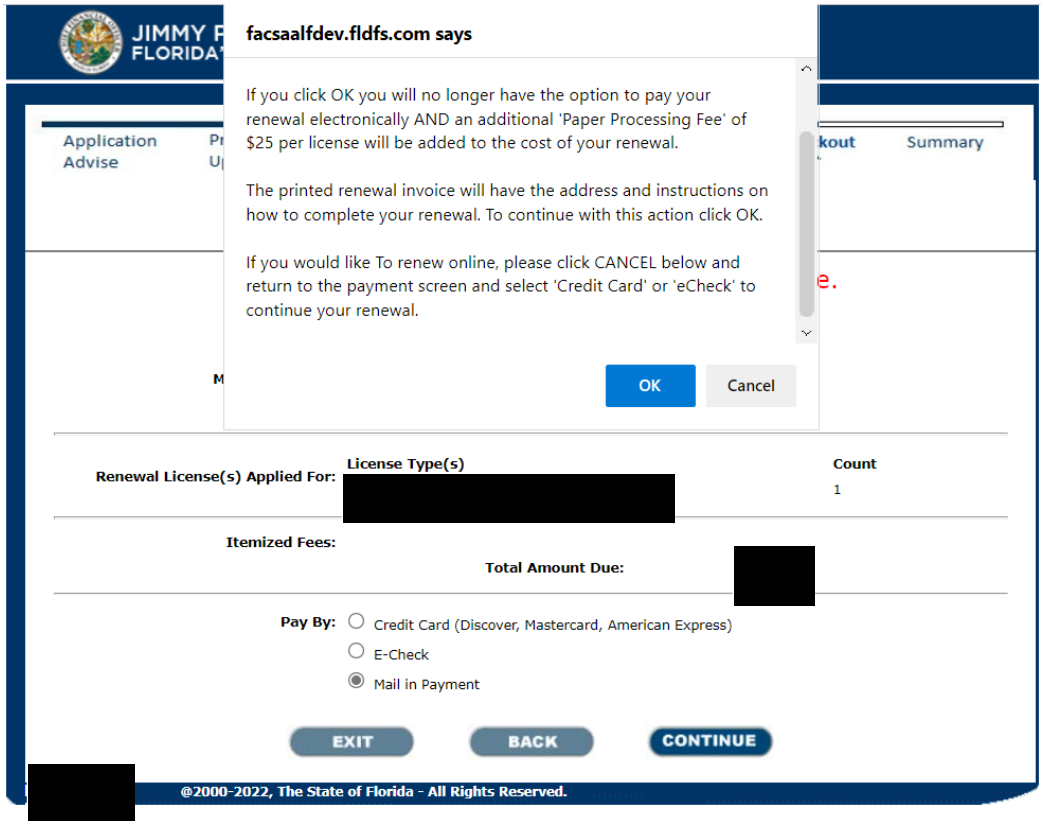
Enter name and click "Continue" button.



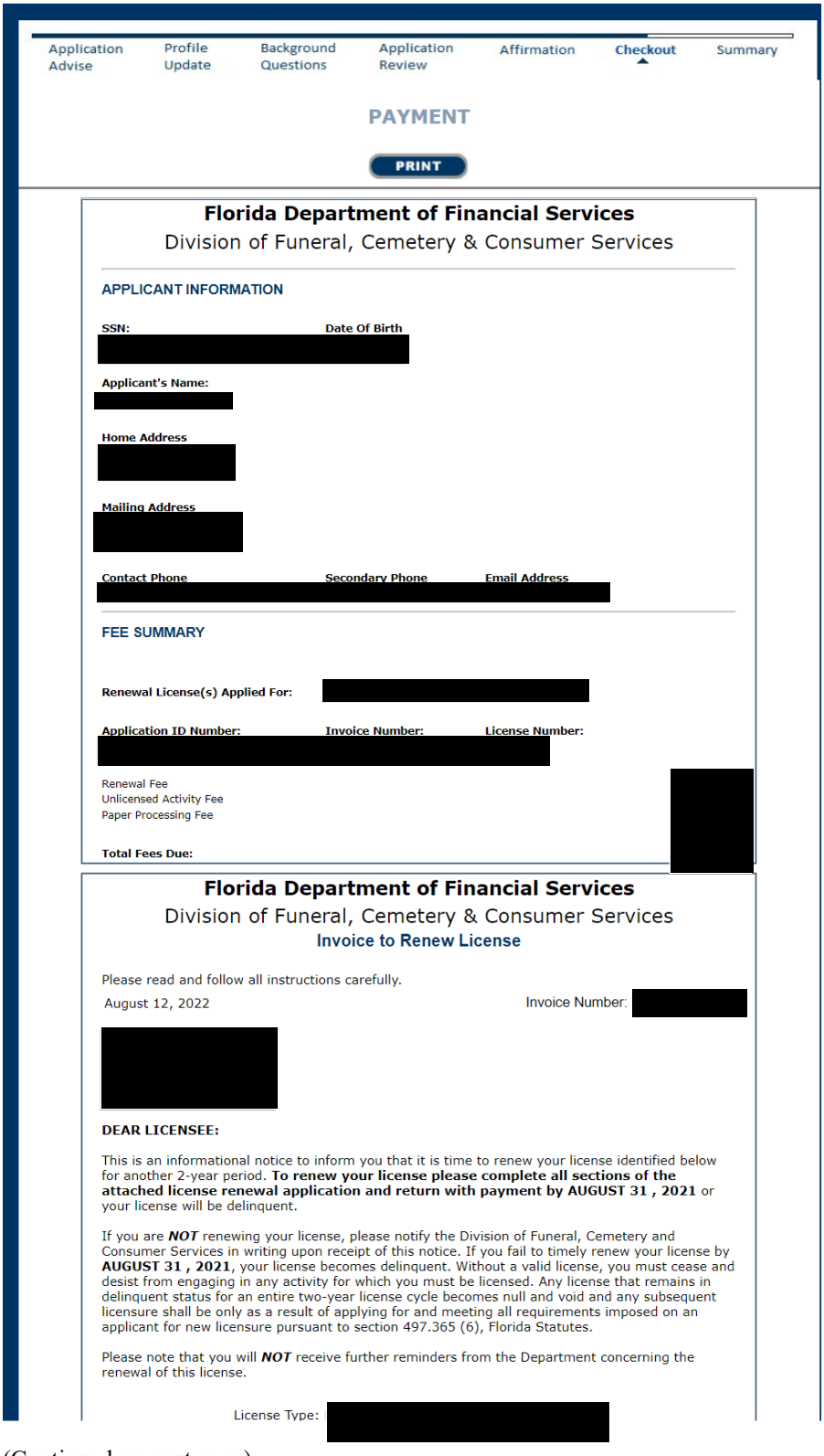
Select "Mail in Payment" and click "Continue" button.



Select "OK".

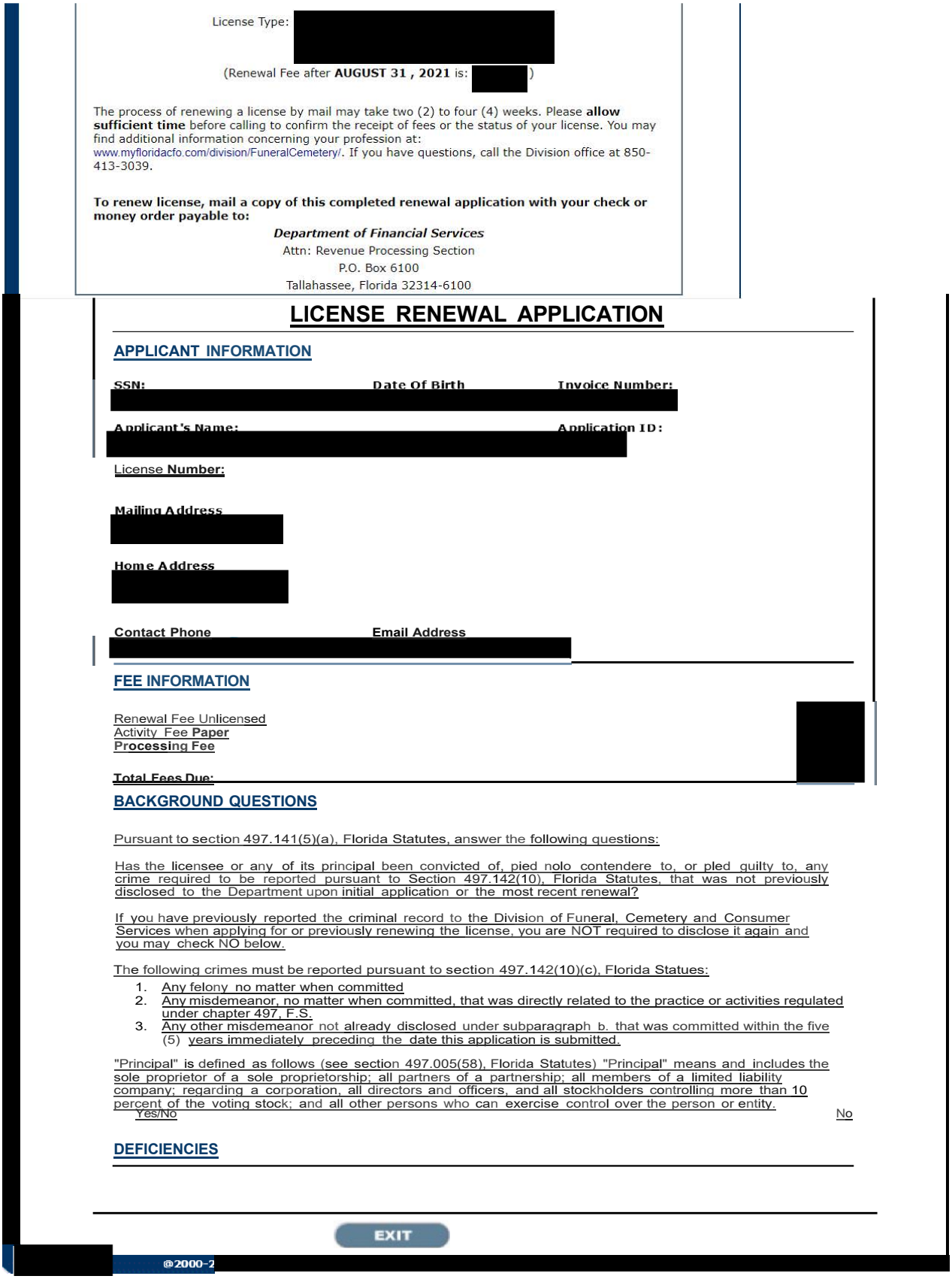

facsaalfdev.fldfs.com says
If you click OK you will no longer have the option to pay your renewal electronically AND an additional 'Paper Processing Fee' of $25 per license will be added to the cost of your renewal.
The printed renewal invoice will have the address and instructions on how to complete your renewal. To continue with this action click OK.
If you would like To renew online, please click CANCEL below and return to the payment screen and select 'Credit Card' or 'eCheck' to continue your renewal.
OK
Cancel
Application
Advise
Summary
Renewal License(s) Applied For:
License Type(s)
Count
1
Itemized Fees:
Total Amount Due:
Pay By:
Credit Card (Discover, Mastercard, American Express)
E-Check
Mail in Payment
EXIT
BACK
CONTINUE
@2000-2022, The State of Florida - All Rights Reserved.

Click "Continue" button.



(Continued on next page)

(Continued from prior page)



License Type: [redacted]

(Renewal Fee after **AUGUST 31 , 2021** is: [redacted])

The process of renewing a license by mail may take two (2) to four (4) weeks. Please **allow sufficient time** before calling to confirm the receipt of fees or the status of your license. You may find additional information concerning your profession at: www.myfloridacfo.com/division/FuneralCemetery/. If you have questions, call the Division office at 850-413-3039.

To renew license, mail a copy of this completed renewal application with your check or money order payable to:

Department of Financial Services
Attn: Revenue Processing Section
P.O. Box 6100
Tallahassee, Florida 32314-6100

LICENSE RENEWAL APPLICATION

APPLICANT INFORMATION

SSN: [redacted] **Date Of Birth** **Invoice Number:**

Applicant's Name: [redacted] **Application ID:**

License **Number:**

Mailing Address [redacted]

Home Address [redacted]

Contact Phone **Email Address** [redacted]

FEE INFORMATION

Renewal Fee Unlicensed [redacted]
Activity Fee **Paper**
Processing Fee

Total Fees Due:

BACKGROUND QUESTIONS

Pursuant to section 497.141(5)(a), Florida Statutes, answer the following questions:

Has the licensee or any of its principal been convicted of, pled nolo contendere to, or pled guilty to, any crime required to be reported pursuant to Section 497.142(10), Florida Statutes, that was not previously disclosed to the Department upon initial application or the most recent renewal?

If you have previously reported the criminal record to the Division of Funeral, Cemetery and Consumer Services when applying for or previously renewing the license, you are NOT required to disclose it again and you may check NO below.

The following crimes must be reported pursuant to section 497.142(10)(c), Florida Statues:

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2. Any misdemeanor, no matter when committed, that was directly related to the practice or activities regulated under chapter 497, F.S.
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Yes/No No

DEFICIENCIES

EXIT

[redacted] @2000-2

Appendix

Pages 9 and 23

The dropdown menu for “Country” provides the following options:

Afghanistan
Aland Islands
Albania
Algeria
American Samoa
Andorra
Angola
Anguilla
Antarctica
Antigua and Barbuda
Argentina
Armenia
Aruba
Australia
Austria
Azerbaijan
Bahamas
Bahrain
Bangladesh
Barbados
Belarus
Belgium
Belize
Benin
Bermuda
Bhutan
Bolivia, Plurinational State of
Bonaire, Sint Eustatius and Saba
Bosnia and Herzegovina
Botswana
Bouvet Island
Brazil
British Indian Ocean Territory
Brunei Darussalam
Bulgaria
Burundi

Cambodia
Cameroon
Canada
Cape Verde
Cayman Islands
Central African Republic
Chad
Chile
China
Christmas Island
Cocos (Keeling) Islands
Colombia
Comoros
Congo
Congo, the Democratic Republic of the
Cook Islands
Costa Rica
Côte d'Ivoire
Croatia
Cuba
Curaçao
Cyprus
Czech Republic
Denmark
Djibouti
Dominica
Dominican Republic
Ecuador
Egypt
El Salvador
Equatorial Guinea
Eritrea
Estonia
Ethiopia
Falkland Islands (Malvinas)
Faroe Islands
Fiji

Finland
France
French Guiana
French Polynesia
French Southern Territories
Gabon
Gambia
Georgia
Germany
Ghana
Gibraltar
Greece
Greenland
Grenada
Guadeloupe
Guam
Guatemala
Guernsey
Guinea
Guinea-Bissau
Guyana
Haiti
Heard Island and McDonald Islands
Holy See (Vatican City State)
Honduras
Hong Kong
Hungary
Iceland
India
Indonesia
Iran, Islamic Republic of
Iraq
Ireland
Isle of Man
Israel
Italy
Jamaica
Japan

Jersey
Jordan
Kazakhstan
Kenya
Kiribati
Korea, Democratic People's Republic of
Korea, Republic of
Kuwait
Kyrgyzstan
Lao People's Democratic Republic
Latvia
Lebanon
Lesotho
Liberia
Libya
Liechtenstein
Lithuania
Luxembourg
Macao
Macedonia, the former Yugoslav Republic of
Madagascar
Malawi
Malaysia
Maldives
Mali
Malta
Marshall Islands
Martinique
Mauritania
Mauritius
Mayotte
Mexico
Micronesia, Federated States of

Moldova, Republic of
Monaco
Mongolia
Montenegro
Montserrat
Morocco
Mozambique
Myanmar
Namibia
Nauru
Nepal
Netherlands
New Caledonia
New Zealand
Nicaragua
Niger
Nigeria
Niue
Norfolk Island
Northern Mariana Islands
Norway
Oman
Pakistan
Palau
Palestine, State of
Panama
Papua New Guinea
Paraguay
Peru
Philippines

Pitcairn
Poland
Portugal
Puerto Rico
Qatar
Réunion
Romania
Russian Federation
Rwanda
Saint Barthélemy
Saint Helena, Ascension and Tristan da Cunha
Saint Kitts and Nevis
Saint Lucia
Saint Martin (French part)
Saint Pierre and Miquelon
Saint Vincent and the Grenadines
Samoa
San Marino
Sao Tome and Principe
Saudi Arabia
Senegal
Serbia
Seychelles
Sierra Leone
Singapore

Sint Maarten (Dutch part)
Slovakia
Slovenia
Solomon Islands
Somalia
South Africa
South Georgia and the South Sandwich Islands
South Sudan
Spain
Sri Lanka
Sudan
Suriname
Svalbard and Jan Mayen
Swaziland
Sweden
Switzerland
Syrian Arab Republic
Taiwan, Province of China
Tajikistan
Tanzania, United Republic Of
Thailand
Timor-Leste
Togo
Tokelau
Tonga
Trinidad and Tobago

Tunisia
Turkey
Turkmenistan
Turks and Caicos Islands
Tuvalu
Uganda
Ukraine
United Arab Emirates
United Kingdom
United States
United States Minor Outlying Islands
Uruguay
Uzbekistan
Vanuatu
Venezuela, Bolivarian Republic of
Viet Nam
Virgin Islands, British
Virgin Islands, U.S.
Wallis and Futuna
Western Sahara
Yemen
Zambia
Zimbabwe

Pages 9 and 23

The dropdown menu for “State” provides the following options:

AA - Armed Forces Americas	IN - Indiana	ND - North Dakota
AE - Armed Forces Europe	IA - Iowa	MP - Northern Mariana Islands
AP - Armed Forces Pacific	KS - Kansas	OH - Ohio
AL – Alabama	KY - Kentucky	OK - Oklahoma
AK – Alaska	LA - Louisiana	OR - Oregon
AS - American Samoa	ME - Maine	PW - Palau
AZ – Arizona	MH - Marshall Islands	PA - Pennsylvania
AR – Arkansas	MD - Maryland	PR - Puerto Rico
CA - California	MA - Massachusetts	RI - Rhode Island
CO - Colorado	MI - Michigan	SC - South Carolina
CT - Connecticut	MN - Minnesota	SD - South Dakota
DE - Delaware	MS - Mississippi	TN - Tennessee
DC - District of Columbia	MO - Missouri	TX - Texas
FM - Federated States of Micronesia	MT - Montana	UT - Utah
	NE - Nebraska	VT - Vermont
FL - Florida	NV - Nevada	VI - Virgin Islands
GA - Georgia	NH - New Hampshire	VA - Virginia
GU - Guam	NJ - New Jersey	WA - Washington
HI - Hawaii	NM - New Mexico	WV - West Virginia
ID - Idaho	NY - New York	WI – Wisconsin
IL - Illinois	NC - North Carolina	WY - Wyoming

Page 10

The dropdown for “Expiration Month” provides the following options:

01 – January
02 – February
03 – March
04 – April
05 – May
06 – June
07 – July
08 – August
09 – September
10 – October
11 – November
12 – December

Page 10

The dropdown for “Expiration Year” provides the following options:

2024
2025
2026
2027
2028
2029
2030
2031
2032
2033
2034
2035
2036
2037
2038
2039
2040
2041
2042
2043
2044

Page 22

The dropdown for Payment Type provides the following options:

Credit/Debit Card
Electronic Check