

State of Arkansas
APPLICATION FOR OUT OF STATE LICENSURE
EMBALMERS AND/OR FUNERAL DIRECTORS

\$150 Embalmers App. Fee _____
\$150 Funeral Directors App. Fee _____
E-Mail _____

****Please print or type

Name _____ SSN _____

I request out of state licensure for Embalmers _____ Funeral Director _____
CHECK ONE OR BOTH

Date of Birth _____ Place _____
Month Day Year City State

Current Mailing Address _____
Street City State Zip

Phone () _____

US Citizen Y or N Naturalized Y or N If so, Date _____

High School Grad/G.E.D. _____ Date of Graduation _____
City State

College/University Attended _____
School Years Attended

Mortuary School Attended _____
School Date of Graduation

I CURRENTLY HOLD:

Embalmers Licenses No _____ State of _____ Date of License _____

Funeral Director License No. _____ State of _____ Date of License _____

Have you ever been convicted of a felony? _____ If so, please attach explanation

Have you previously resided in Arkansas _____ Dates _____

Check one that applies:

I Own _____ / I am Employed by _____

Name of Funeral Home _____

City & State _____

I promise and agree that if this application is accepted and I should be granted a license(s) to practice Embalming/Funeral Directing in the State of Arkansas I will conduct myself in a professional manner, maintaining the honor and integrity of Funeral Service, and I will obey all Laws, Rules and Regulations of the State of Arkansas. Additionally, I understand that if I have made any false statements in the above application, the Board may consider suspension or revocation.

SIGNATURE _____

Note: Your signature on this application authorizes this Board to conduct a background investigation on you to include, but not limited to, inquiries from appropriate law enforcement agencies.

Name of Applicant _____ **the above named person, personally known to me, signed the application in my presence and being duly sworn he/she states that he/she read the above application and that the answers are true and correct to the best of his/her knowledge and belief.**

This _____ **Day of** _____ **Year of** _____

STATE OF _____

COUNTY OF _____

Signed _____ **Notary Public / My Commission Expires** _____

RULE VIII – LICENSE REQUIREMENTS FOR OUT OF STATE LICENSURE

Any Person Holding A Valid, Non-revoked And Non-expired License As An Embalmer And Or Funeral Director In Another State, U. S. Territory, Or Provincial Authority, May Apply For A License To Practice In This State As An Embalmer Or Funeral Director, Or Both. Application Shall Be Made By Filing With The Secretary-Treasurer Of The Board A Certified Statement From The Secretary Of The Examining Board Of The State, U. S Territory Or Provincial Authority In Which The Applicant Holds His Or Her License Showing The Basis Upon Which The License Was Issued. Upon Receipt Of The Application, The Secretary Of The Board May **ISSUE**

TEMPORARY WORKING NUMBERS, Which Are Valid For One Year From The Date Of Issuance. To Obtain A License, The Applicant Shall Pass An Exam To Prove His Or Her Proficiency, Including At Least, But Not Limited To, Knowledge Of The Laws, Rules And Regulations Of This State Pertaining To Funeral Service. The *Exam May Be Taken At One of the Regularly Scheduled Exam Sessions Set By the Board. If The Board Is Satisfied With The Proficiency Of The Applicant, Upon Receipt Of The Prescribed Fees In 17-29-208, A License May Be Granted.

- The Board Administers Exams four times (4) a year in January, April, July and October

RECOMMENDATION

I, the undersigned licensed embalmer _____ funeral director_____, hereby certify that I have been personally acquainted with _____ of _____
For _____ years, and that I know him/her to a person of good moral character and worthy of favorable recognition by the Arkansas State Board of Embalmers & Funeral Directors, and I further certify that _____ is qualified to receive a license as an Embalmer/Funeral Director in the State of Arkansas.

Embalmer # _____ Funeral Director # _____ Date _____
Print Name _____ Signature _____
Street _____ City _____ State _____ Zip _____

I, the undersigned licensed embalmer _____ funeral director_____, hereby certify that I have been personally acquainted with _____ of _____
For _____ years, and that I know him/her to a person of good moral character and worthy of favorable recognition by the Arkansas State Board of Embalmers & Funeral Directors, and I further certify that _____ is qualified to receive a license as an Embalmer/Funeral Director in the State of Arkansas.

Embalmer # _____ Funeral Director # _____ Date _____
Print Name _____ Signature _____
Street _____ City _____ State _____ Zip _____

NOTE: THIS PAGE MUST BE COMPLETED AND SIGNED BY TWO (2) LICENSED EMBALMERS/FUNERAL DIRECTORS. THE EMBALMERS/FUNERAL DIRECTORS SHOULD, WHERE POSSIBLE, BE LICENSED IN ARKANSAS.

Return this application to:

**Arkansas State Board of Embalmers & funeral Directors
101 East Capitol, Suite 113
Little Rock, AR 72201**

CERTIFICATE OF STATE ENDORSEMENT

I, _____ Secretary of _____
State Board of _____ hereby
certify that _____ was granted Embalmers # _____
on the _____ day of _____ year of _____ and Funeral Directors # _____
on the _____ day of _____ year of _____, upon examination by the Board on
the required subjects.

Examination Scores: National Conference _____ State Embalmers _____
 State Funeral Directors _____ Other _____

I further certify that _____ licenses are current, in good standing and
that According to the files in this office, said applicant's licenses have not been revoked or
suspended.

REMARKS IF ANY:

Witness my hand and seal of said Board

Signed _____

Seal

Secretary of the _____

Board of _____

Address _____

Month _____ Day _____ Year _____

THIS SECTION MUST BE COMPLETED BY THE APPROPRIATE STATE BOARD AND
RETURNED DIRECTLY TO:

ARKANSAS STATE BOARD OF EMBALMERS AND FUNERAL DIRECTORS

101 EAST CAPITOL, SUITE 113

LITTLE ROCK, AR 72201

(501) 682-0574

FAX: (501) 682-0575