

Applicant – print name here: _____



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

APPLICATION FOR EMBALMER APPRENTICE LICENSE

Under Section 497.371, Florida Statutes. Before the Board of Funeral, Cemetery, and Consumer Services.

Required fees: \$55 Application fee

(Attach check or money order payable to Dept of Financial Services) (Nonrefundable)

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. Unless specifically indicated otherwise, all questions and requests for data in this Application, relate to the Applicant. Where the answer is YES or NO, circle the correct answer.

Section 1. PERSONAL 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)			
Section 2. RESIDENCE ADDRESS			
Street Address (No PO Box allowed here)			
Apartment # (leave blank if not applicable):		Country:	
City	County	State	Zip Code
Section 3. PREFERRED MAILING ADDRESS			
<input type="checkbox"/> Check here if mailing address is same as Residence address, then skip this section.			
Street Address Or P.O. Box			
City	State	Zip Code	Country
For Office use only			
BT	TYCL	FT	
V	2304	F	\$50
	3800	F	\$ 5
			\$55