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

APPLICATION TO REACTIVATE AN INACTIVE EMBALMER LICENSE

Under Section 497.365, Florida Statutes. Before the Board of Funeral, Cemetery, and Consumer Services.

Required fees: \$430 Fees are nonrefundable
Make fees payable to the Department of Financial Services

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)			
Licensee Number:			
Section 2. RESIDENCE ADDRESS			
Street Address (No P.O. Box allowed here)			
Apartment # (leave blank if not applicable):		Country:	
City	County	State	Zip Code

FOR OFFICE USE ONLY

<u>BT</u>	<u>TYCL</u>	<u>FT</u>	
V	2306	F	\$ 50
	2300	L	\$375
	3800	F	\$ 5
			\$430 TOTAL

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Section 3. PREFERRED MAILING ADDRESS			
__ 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
Section 4. PHONE & EMAIL			
Primary phone number: Area code _____ Phone number: _____ - _____		E-Mail Address: (e.g., SmithJ@xyz.com)	
Section 5. Miscellaneous Matters			
(a) Do you understand that after licensure, you have a continuing duty under state law [s. 497.146, Florida Statutes], to notify this Division within 30 days of any change in your residence address, mailing address, or place of practice? YES NO <i>(A "Change of Address or Contact Data" form may be found on the Division website)</i>			
(b) Do you understand that any licensee that has been in an inactive status for more than four consecutive years may be required to take an examination to assess current competency necessary to ensure that the licensee can practice with the care and skill sufficient to protect the health, safety and welfare of the public.[s.497.365(9)] YES NO			
(c) Have you completed all of the necessary continuing education requirements if any, imposed on an active status licensee for all licensure periods in which your license was inactive or delinquent? [s.497.365(10)] YES NO			
----- (d) Do you understand that an inactive license cannot be reactivated unless any applicable biennial renewal or delinquency fee, or both, and a reactivation fee have been paid?			
Section 6. 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 I have or will prior to commencing operations under this license comply with all requirements under Chapter 497, Florida Statutes, 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 in the Florida Department of Financial Services, and to the Florida Board of Funeral, Cemetery and Consumer Services, any and all information in their files concerning me.			
_____ Signature of Applicant		_____ Date Signed	
_____ Name and Title			
<i>Mail completed application with required fees to:</i> Division of Funeral, Cemetery & Consumer Services Revenue Processing P.O. Box 6100 Tallahassee, FL 32314-6100			

Social Security No. _____
