

Print your first & last name here: _____



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

APPLICATION FOR INACTIVE STATUS

Under Section 497.365, Florida Statutes, and Rule 69K-17.010, Florida Administrative Code. Before the Board of Funeral, Cemetery, and Consumer Services.

This form is used to request an inactive status for a current licensee. This form may be used by a funeral director, embalmer, combination funeral director/embalmer or direct disposer. Pursuant to procedures specified by rule, a licensee shall be permitted to choose, at the time of license renewal, an active or inactive status. However, a licensee who changes from inactive to active status is not eligible to return to inactive status until the licensee thereafter completes a licensure cycle on active status.

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. If a license is in a delinquent status the licensee must pay to renew the license with any late fees before the license can be placed in an inactive status.

FEES: Check One			
Fee if license is current and active			
Embalmer _____ \$85 Inactive fee	Funeral Director _____ \$135 Inactive fee	FD/Embalmer _____ \$135 Inactive fee	Direct Disposer _____ \$135 Inactive fee
Fee if license is not current			
Embalmer _____ \$ 380 Renewal Fee \$ 50 Late fee \$ 80 Inactive fee \$ 510 Total due	Funeral Director \$ 380 Renewal Fee \$ 50 Late fee \$ 130 Inactive fee \$ 560 Total due	FD/Embalmer _____ \$380 Renewal Fee \$ 50 Late fee \$ 130 Inactive fee \$ 560 Total due	Direct Disposer _____ \$ 380 Renewal Fee \$ 50 Late fee \$ 130 Inactive fee \$ 560 Total due
Section 1. PERSONAL INFORMATION			
Your name:			
Birth Date (mm/dd/yyyy)			
License number:		Indicate type of license: <input type="checkbox"/> Embalmer only <input type="checkbox"/> Funeral Director only <input type="checkbox"/> Combination Funeral Director & Embalmer <input type="checkbox"/> Direct Disposer	

DFS USE ONLY

Embalmer		Funeral Director		FD/Embalmer		Direct Disposer	
BT	TYCL FT	BT	TYCL FT	BT	TYCL FT	BT	TYCL FT
V	2306 F \$ 80	V	2406 F \$130	V	2506 F \$130	V	2706 F \$130
	3800 F 5		3800 F 5		3800 F 5		3800 F 5
	Current & Active \$ 85		Current & Active \$135		Current & Active \$135		Current & Active \$135
	2300 L \$375		2400 L \$375		2500 L \$375		2700 L \$375
	2300 J 50		2400 J 50		2500 J 50		2700 J 50
	2306 F 80		2406 F 130		2506 F 130		2706 F 130
	3800 F 5		3800 F 5		3800 F 5		3800 F 5
	Not Current \$510		Not Current \$560		Not Current \$560		Not Current \$560

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Section 2. RESIDENCE ADDRESS			
Street Address (No P.O. Box allowed here)			
Apartment # (leave blank if not applicable):			Country:
City	County	State	Zip Code
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. 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 applied.			
I hereby authorize any court, law enforcement agency, or licensing authority to release or make available to the Division of Funeral, Cemetery & 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. _____
