



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

APPLICATION FOR RETIRED PROFESSIONALS

Under Section 497.143, Florida Statutes. Before the Board of Funeral, Cemetery and Consumer Services

REQUIRED FEES - \$305

If the applicant for a limited license submits a notarized statement from the employer stating that the applicant will not receive monetary compensation for any service involving the practice of her or his profession, the application and all licensure fees shall be waived.
\$305 Total fee due with application
Select One: <input type="checkbox"/> Retired Embalmer. <input type="checkbox"/> Retired Funeral Director <input type="checkbox"/> Retired Funeral Director/Embalmer

This application form is used by persons who desire to work as a retired professional during times of critical need. The applicant must have been licensed as one of the above for a minimum of 10 years in the United States.

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 question calls for a YES or NO answer, circle the correct answer.

For Office use only			
BT	TYCL	FT	
V	2305	F	\$300 <u>Embalmer</u>
	3800	F	\$ <u>5</u>
			\$305
V	2405	F	\$300 <u>Funeral Director</u>
	3800	F	\$ <u>5</u>
			\$305
V	2505	F	\$300 <u>Combined F/E</u>
	3800	F	\$ <u>5</u>
			\$305

Section 1. Application Information

In accordance with 497.143, a limited license can be issued to retired professionals in good standing so that they can serve during times of critical need within the State of Florida. "Critical need" means when an executive order from the Governor or a federal order declaring a state of emergency is issued. All limited licensees shall work for an entity licensed under chapter 497, Florida Statutes.

Section 2. CONTACT INFORMATION CONCERNING THIS APPLICATION

Enter the name and contact information of the person the Division should contact concerning this application.

Name:

Mailing address:

Phone number with area code:

Email address:

Section 3. APPLICANT'S PREFERRED MAILING ADDRESS

Enter applicant's preferred mailing address this Division should use for routine correspondence and notices, if and after the license applied for is issued (e.g., renewal notices).

Street or PO Box:

City	State	Zip Code
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Section 4. ACTUAL BUSINESS LOCATION ADDRESS

Enter the actual street address where operations under the license applied for will be conducted, if the license is issued. NO post office boxes or similar addresses allowed in this section.

Street Address

City	County	State	Zip Code
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Section 5. OTHER LICENSURE INFORMATION

(a) Does the applicant now hold, or has applicant ever in the past held, a license or registration in Florida or any other state or jurisdiction, as a funeral director, embalmer, direct disposer, funeral establishment, direct disposal establishment, cinerator facility, removal service, centralized embalming facility, refrigeration service, cemetery, monument establishment, or preneed sales business?
YES NO

If your answer to the question in this Section is YES, you must fill out and submit with this application an "Other Licenses Form." You must disclose on that form details of each current or prior license that required a "YES" answer to any of the questions in this Section of this application. The "Other Licenses Form" may be obtained from the website of the Division of Funeral, Cemetery & Consumer Services, or it may be requested by letter directed to the Division office at the address shown at the top of this form.

Section 6. ADVERSE LICENSING HISTORY QUESTIONS

As used in this Section, "you" refers to applicant; "deathcare industry license" refers to any licensure as an embalmer, funeral director, direct disposer, funeral establishment, direct disposal establishment, centralized embalming facility, cinerator facility, removal service, refrigeration service, cemetery, monument establishment, or preneed sales business.

(a) Have you ever had any deathcare industry license revoked, suspended, fined, reprimanded, or otherwise disciplined, by any regulatory authority in Florida or any other state or jurisdiction? **YES NO**

(b) Have you ever had any application for a deathcare industry license denied for any reason by any regulatory

authority in Florida or any other state or jurisdiction? **YES NO**

(c) Have you ever voluntarily relinquished or surrendered a deathcare industry license while under investigation, or after initiation of a disciplinary proceeding against you or the license? **YES NO**

(d) Are you currently to your knowledge under investigation by any regulatory or law enforcement authority in Florida or any other state or jurisdiction in regard to alleged misconduct or incompetency in the performance of work under a deathcare industry license? **YES NO**

If the answer to any of the questions in this Section is YES, you must fill out and submit with this application, an “Adverse Licensing Action History Form.” You must disclose on that form details of each adverse licensing action and pending investigation that required a “YES” answer to any of the questions in this Section of this application. This form may be obtained from the website of the Division of Funeral, Cemetery & Consumer Services, or it may be requested by letter directed to the Division office at the address shown at the top of this form.

Section 7. CRIMINAL HISTORY QUESTIONS

Have you, the applicant herein, ever plead guilty, been convicted, or entered a plea in the nature of no contest, regardless of whether adjudication was entered or withheld by the court in which the case was prosecuted, in the courts of Florida or another state or the United States or a foreign country, regarding any crime indicated below:

1. Any felony or misdemeanor, no matter when committed, which was directly or indirectly related to or involving any aspect of the practice or business of embalming, funeral directing, direct disposition, cremation, funeral or cemetery preneed sales, funeral establishment operations, cemetery operations, or cemetery monument or marker sales or installation. **YES NO**
2. Any other felony not already disclosed under subparagraph 1. Immediately above, which was committed within the 20 years immediately preceding the date you submit this application. **YES NO**
3. Any other misdemeanor not already disclosed under subparagraph 1. Above, which was committed within the 5 years immediately preceding the date you submit this application? **YES NO**

If you circled “YES,” you must fill out and submit with this application, a “Criminal History Form.” You must disclose on that form details of every criminal action against you that requires a “YES” answer to any of 1, 2, or 3 above. That form may be obtained on the website of the Division of Funeral, Cemetery & Consumer Services, or you may request the form by letter directed to the Division office at the address shown at the top of this form.

Section 8. PRIOR NAME INFORMATION

Have you, the applicant, ever used, or been known by, any name other than the name under which you make this application? **YES NO**

If you answered YES, enter in the space below every such prior name in full, and the period of time it was used (attach additional sheets if necessary):

SECTION 9. MISCELLANEOUS MATTERS

a. Please attach a notarized statement stating that the applicant has been licensed to practice in any jurisdiction in the United States for at least 10 years in the profession for which the applicant seeks a limited license. The affidavit shall also state that the applicant has retired or intends to retire from the practice of that profession and intends to practice only pursuant to the restrictions of the limited license granted pursuant to section 497.143, Florida Statutes.

b. Do you understand that if you submit a notarized statement from your employer stating that you will not receive monetary compensation for any service involving the practice of your profession, the application and all licensure fees shall be waived? **YES NO**

c. Do you understand that the recipient of a limited license may practice only in the employ of entities licensed under chapter 497, Florida Statutes? **YES NO**

d. 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 mailing address? **YES NO**

(A “Change of Address or Contact Data” form for individuals and entities may be found on the Division website)

e. Applicant may attach to this application one or more additional pages to explain any answer herein, or provide additional information the applicant desires the Division and Board to consider regarding this application.

Are you attaching any such additional pages? **YES NO** If yes, how many pages: _____

Section 10. 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 & 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

Mail completed application with all attachments, and required fees to:

Division of Funeral, Cemetery & Consumer Services
Revenue Processing
P.O. Box 6100
Tallahassee, FL 32314-6100

Social Security No. _____