



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

OTHER LICENSES FORM

This form is used in conjunction with various main license application forms to provide details concerning other licenses now or previously held by an individual or an establishment.

Section 1. INDIVIDUAL INFORMATION (if applicable)				
First name	MI	Last Name		
Birth Date (mm/dd/yyyy)				
Section 2. ESTABLISHMENT INFORMATION (if applicable)				
Establishment Name:				
Section 2. OTHER LICENSES				
<i>General Instructions:</i> "Type of License" – example, "funeral director." Dates -- if you do not know the exact date, enter month and year. "State where issued" – if issued in a foreign country, enter name of country. Name of Licensing authority – example, "Utah Embalmer's Board." Address of licensing authority – provide current full mailing address with zip code.				
#1 Type of License	State where issued	License number	Date issued	
Currently in force? YES NO If NO, date terminated: ___/___/___ Name of licensing authority: _____ Address of licensing authority: _____				
#2 Type of License	State where issued	License number	Date issued	Currently in force? YES NO If NO, date terminated: ___/___/___
Name of licensing authority: _____ Address of licensing authority: _____				
#3 Type of License	State where issued	License number	Date issued	Currently in force? YES NO If NO, date terminated: ___/___/___
Name of licensing authority: _____ Address of licensing authority: _____				
Do you have other licenses or registrations to report? YES NO If yes, enter them on another copy of this form and attach to your application.				
_____ Signature of Applicant			_____ Date signed	

Social Security or FEIN No: _____
