



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

CERTIFICATION OF LICENSURE IN GOOD STANDING

TO THE LICENSING AUTHORITY: The person identified below (the "Subject") is applying for a professional license in the State of Florida and desires to establish with Florida that they are currently licensed in good standing in your state. They have been instructed to fill out Section 1, provide you the form to fill out Sections 2A, 2B and 3, and ask you to mail it directly back to us at the address in the letterhead. Thank you for your assistance.

Section 1. The Subject				
First Name	Middle Initial	Last Name	Date of Birth	
Section 2A. Licensure Information by Responding State				
This will certify that the Subject is currently licensed in good standing in this state in the following category(s) (please check applicable category(s) and provide requested information):				
<i>CATEGORY (check applicable)</i>	<i>License Effective and Expiration date</i>		<i>Exam required? (circle applicable)</i>	
<input type="checkbox"/> Embalmer			Yes No	
<input type="checkbox"/> Funeral Director			Yes No	
Section 2B. Exam Information from Responding State				
The records of this State indicate that the Subject has taken the exam(s) indicated below and achieved the scores indicated (please check applicable):				
<i>Exam (check applicable items)</i>			<i>Score (% correct answers)</i>	<i>Month & year exam taken</i>
<input type="checkbox"/> No exam required for this Subject's licensure				
<input type="checkbox"/> Science Section of the National Board Exam, administered by the Conference of Funeral Service Examining Boards				
<input type="checkbox"/> Arts Section of the National Board Exam, administered by the Conference of Funeral Service Examining Boards.				
<input type="checkbox"/> An examination prepared and administered by this state.				
<input type="checkbox"/> Other as follows:				
Section 3. Signature of Responding State Licensing Authority Staff Member				
_____ Signature		_____ Please print name		_____ Date signed
State: _____		Phone Number with Area code: _____		
Name of Licensing Authority: _____				Seal

Subject's Social Security No. _____