

Applicant – print name here: _____



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

APPLICATION FOR DIRECT DISPOSER LICENSE

Under Section 497.602, Florida Statutes. Before the Board of Funeral, Cemetery, and Consumer Services.

REQUIRED FEES

\$380 total fee due with this application (TYCL 2700)

(Attach check or money order payable to Dept of Financial Services) (Nonrefundable)

This application form is used by persons seeking licensure in Florida as a direct disposer.

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.

| 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) | | | |
| Section 2. RESIDENCE ADDRESS | | | |
| Street Address (No PO Box allowed here) | | | |
| Apartment # (leave blank if not applicable): | | Country: | |
| City | County | State | Zip Code |
| <u>BT</u> | <u>TYCL FT</u> | | |
| V | 2700 L | \$375 | |
| | 3800 F | \$ 5 | |
| | | \$380 | |

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| Section 3. PREFERRED MAILING ADDRESS | | | |
|---|---------------|---|-----------------|
| <input type="checkbox"/> Check here if mailing address is same as Residence address, then skip this section. | | | |
| Street Address Or P.O. Box | | | |
| City | County | State | Zip Code |
| Section 4. PHONE & EMAIL | | | |
| Primary phone number: | | E-Mail Address: (e.g., SmithJ@xyz.com) | |
| Area code _____ Phone number: _____ - _____ | | | |
| Section 5. AGE & EDUCATION REQUIREMENTS | | | |
| a. Are you at least 18 years of age? YES NO <i>Section 497.602 requires that you be at least age 18 to be approved for this license. Application fees are not refundable.</i> | | | |
| b. Do you have either a high school diploma or a high school GED (Graduate Equivalency Degree)? YES NO <i>Attach a copy of your high school diploma (or other proof of high school graduation issued by school authorities), or a copy of your GED certificate.</i> | | | |
| c. Have you taken a college credit course in Florida Mortuary Law? YES NO <i>If YES, answer d. through g. below:</i> | | | |
| d. Name of college where you took the course: _____ | | | |
| e. Address of college’s registrar (street, city, state, zip): _____ | | | |
| f. Date you began the course: _____ Date you completed the course: _____ <i>Attach an official copy of your college transcript, or other documentary evidence issued by the college, showing that you took a course in Florida mortuary law.</i> | | | |
| g. Have you taken a college credit course in Ethics? YES NO <i>If YES, answer h. through j. below:</i> | | | |
| h. Name of college where you took the course: _____ | | | |
| i. Address of college’s registrar (street, city, state, zip): _____ | | | |
| j. Date you began the course: _____ Date you complete the course: _____ <i>Attach an official copy of your college transcript, or other documentary evidence issued by the college, showing that you took the course in Ethics.</i> | | | |
| Section 6. COMMUNICABLE DISEASE COURSE | | | |
| <i>For more information, see Rule 69K-32.002, or successor rules.</i> | | | |
| a. Have you completed a course on communicable diseases? YES NO | | | |
| b. Was the course at least 2 hours long? YES NO | | | |
| c. Was the course approved by the Florida Dept of Health, or by a Board within the Florida Dept of Health? (ask the entity that conducted the course) YES NO | | | |
| d. Name of school or entity that conducted or sponsored the course: _____ | | | |
| e. Where was the course held (e.g., <i>Marriott Hotel, International Drive, Orlando</i>): _____ | | | |
| f. Date you took the course: _____ | | | |
| g. Attach a <u>certificate of attendance</u> or other documentary evidence of having taken the course (must be issued by the entity that sponsored or conducted the course). | | | |

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Section 7. OTHER LICENSURE INFORMATION

(a) Do you now hold, or have you ever in the past held, a license or registration in Florida or any other state or jurisdiction as an embalmer apprentice, funeral director intern, embalmer intern, funeral director, embalmer or direct disposer? **YES NO**

If your answer to the question in this Section is YES, you must fill out and submit with this application, the "Other Licenses Form." You must disclose on that form details of each current or prior license that required a "YES" answer to the question in this Section of this application. The "Other Licenses 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. 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 9. 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 funeral directing, embalming, direct disposition, cremation, funeral or cemetery preneed sales, funeral establishment operations, cemetery operations, or cemetery monument or marker sales or installation; or
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; or
3. Any other misdemeanor not already disclosed under subparagraph 1. which was committed within the 5 years immediately preceding the date you submit this application?

Circle YES below, if the answer to any of 1, 2, or 3, immediately above, is YES. Otherwise circle NO.
YES NO

If applicant circled YES to any of the above questions, there must be filed with this application a "Criminal History Form" by and regarding each person subject to disclosure requirements for whom the YES answer applies. There must be disclosed on that form details of every criminal action that required the "YES" answer to any of the above questions. That 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.

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Section 10. 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 11. MISCELLANEOUS MATTERS

a. Do you understand that you must take and pass the Florida Law & Rules examination, with a score of at least 75% as a prerequisite to issuance of the license for which you are applying? **YES NO**

b. 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)

c. Do you understand that as part of this application, you must submit your fingerprints for a criminal background check? **YES NO**

Instructions concerning how and where to submit fingerprints may be reviewed and printed from the website of the Division of Funeral, Cemetery & Consumer Services, as follows: go to the website of the Department of Financial Services (www.myfloridacfcom/funeralcemetery).

d. 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 12. 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. _____