



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

If you have any questions or need assistance in completing this application, please contact the Department of Financial Services, Division of Funeral, Cemetery & Consumer Services, at **(850) 413-3039**

REGISTRATION AS A TRAINING AGENCY

CHECK TRANSACTION REQUESTED	
Transaction Please check one.	Application Requirements
<input type="checkbox"/> Registration and Licensure	1. Complete this Application 2. Perform at least (40) funeral services and/or embalming per year per intern. 3. Attach copies of your monthly affidavits of cases embalmed and bodies handled to reflect that the establishment meets the requirements of performing at least forty (40) funeral services and/or embalming per year per intern.
<input type="checkbox"/> Change of Ownership	
BUSINESS INFORMATION	
Intern Training Offered:	
Funeral Director _____ Embalmer _____ Funeral Director/Embalmer _____	
Name of Business:	License#:
Name of Licensee in charge:	License#:
LOCATION INFORMATION	
Street:	
City:	State:
Telephone Number: ()	E-mail Address: Zip
BUSINESS ACTIVITIES	
Number of bodies embalmed during the past 12 months	
Number of funerals conducted during the past 12 months	
Will embalming be performed at this facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If the funeral home does not have an embalming facility on premise it cannot be approved as a training agency for embalmer internships.

Does the facility comply with inspection criteria as stated in Rule 69K-21.003(1), Florida Administrative Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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SUPERVISING LICENSEES
Please list all individuals assigned to supervise intern training

Name:	License #:
Name:	License #:
Name:	License #:

CURRENT INTERNS
If currently training interns list their names and license numbers

Name:	License #:
Name:	License #:
Name:	License #:

OWNERSHIP
Complete if Application regards a change of ownership

Name of former owner, either corporate or individual as is applicable:	
Former name of business:	
Former business license #:	
Name of current owner:	
Date of change of ownership:	

STATEMENT OF DISCIPLINARY ACTION

Have there been disciplinary proceedings made by any regulatory authority with jurisdiction within the last five (5) years against this facility, or against an owner or employee of this establishment?

- Yes
- No

If YES, state the case number and name of subject. You are required to provide complete details on a separate page.

CERTIFICATION

We the undersigned have read the foregoing and hereby certify that the information provided in this application is true and correct. We are aware of the fact that **ANY MATERIAL MISREPRESENTATION IS GROUNDS FOR DENIAL OR SUBSEQUENT REVOCATION OF A LICENSE.** We further certify that we are familiar with the laws and rules regulating Training Agencies and that this establishment meets the requirements of Chapter 497, Florida Statutes, the Rules of the Board of Funeral, Cemetery & Consumer Services, and the Rules of the Department of Financial Services, and that this establishment will be operated in compliance with all applicable laws and rules.

Type or print name of Individual in Charge

License Number

Signature of Individual in Charge

Date

Signature of Licensee Supervising Interns

Date

Type or print name of Supervising Licensee

Licensee Number