



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

PROVISIONAL OR TEMPORARY LICENSE, APPLICATION FOR INITIAL LICENSE

FEE \$ 50 - Due with this application

Fees are nonrefundable. Make check payable to "Department of Financial Services". Mail form and payment to: Division of Funeral, Cemetery & Consumer Services, Revenue Processing, P.O. Box 6100, Tallahassee, FL 32314-6100

This form is used to apply for a Provisional or Temporary funeral director and/or embalmer license, by persons who did not request a Provisional or Temporary license when applying for their permanent license.

- A Temporary License is issued only to persons who have already applied for a permanent license by **endorsement**, and have been approved to take the Florida Law and Rules Examination. A Temporary License is good for only 60 days.
- A Provisional License is issued only to persons who have already applied for a permanent license and have completed a Florida internship and been approved to take the Florida Law and Rules Examination. A Provisional License is good for only 6 months.

The purpose of a Temporary or Provisional license is to provide a brief additional period in which an applicant for license may work in their desired profession, while trying to pass the Florida Law and Rules Examination.

Both a Provisional and Temporary License require the Temporary or Permanent licensee to work under the supervision of a Florida licensee holding full permanent licensure in the same category as the Temporary or Provisional license.

If you have already been issued an initial Provisional or Temporary license, you may apply to renew it once, using the form entitled "Provisional or Temporary License, Application for Renewal."

| Section 1. TYPE OF LICENSE CHECK ONE | | |
|---|---|---|
| <input type="checkbox"/> Embalmer by endorsement | <input type="checkbox"/> Funeral director by endorsement | <input type="checkbox"/> Combo EMB/FD by endorsement |
| <input type="checkbox"/> Embalmer by Florida internship | <input type="checkbox"/> Funeral director by Florida internship | <input type="checkbox"/> Combo EMB/FD by Florida internship |

| Section 2. IDENTIFICATION OF APPLICANT | | |
|---|------------------|--------------|
| 1) Applicant First name | 2) Middle name | 3) Last name |
| 4) Phone # with area code | 5) Email address | |
| 7) Residence Address (street, city, state, zip) | | |

FOR OFFICE USE ONLY

| <u>BT</u> | <u>TYCL</u> | <u>FT</u> | |
|-----------|-------------|-----------|---|
| v | 2301 | T | \$50 <input type="checkbox"/> Embalmer by endorsement and exam |
| | 2302 | T | \$50 <input type="checkbox"/> Embalmer by Florida internship and exam |
| | 2401 | T | \$50 <input type="checkbox"/> Funeral director by endorsement and exam |
| | 2402 | T | \$50 <input type="checkbox"/> Funeral director by Florida internship and exam |
| | 2501 | T | \$50 <input type="checkbox"/> Combo embalmer/funeral director by endorsement and exam |
| | 2502 | T | \$50 <input type="checkbox"/> Combo embalmer/ funeral director by Florida internship & exam |

Section 3. IDENTIFICATION OF SUPERVISING LICENSEE

1) Name of Licensed Establishment that you will be employed if the Provisional or Temporary License is Issued:

2) Establishment's license number: _____

3) Name of Florida licensee who will supervise you if the Provisional or Temporary license is issued:

4) Supervising licensee's license number: _____

5) Supervising licensee's daytime phone number: _____

Section 4. APPLICANT'S SIGNATURE

Signature of applicant

Date signed

Social Security No. _____