



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

ENDORSEMENT LICENSES -- CONTINUED

This form is used by persons applying for embalmer and/or funeral director licensure by endorsement, to provide information on additional funeral director or embalmer licenses in other states.

Section 1. PERSONAL INFORMATION			
First name:	Middle Initial:	Last Name:	
Birth Date (mm/dd/yyyy): / /	Email Address:		Phone Number: () -
Section 2. ANOTHER LICENSE			
Type of license reported here: <input type="checkbox"/> Funeral Director <input type="checkbox"/> Embalmer <input type="checkbox"/> Combination Funeral Director/Embalmer			
a. State where license issued:	b. License number:	c. Date issued: /	
<i>References to "this license" in this Subsection" refer to the license identified in b. above.</i>			
d. Name of licensing authority that issued this license:		e. Phone number of licensing authority that issued this license:	
f. Address of licensing authority that issued this license (street, city, state, zip):			
g. Were you required to perform an internship or apprenticeship as a prerequisite to being issued this license? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>If your answer to g. was YES:</i>			
h. How many months long was the internship or apprenticeship:			
i. Was the internship or apprenticeship performed under the direct supervision of a licensed funeral director? YES <input type="checkbox"/> NO <input type="checkbox"/>			
j. Were you required to take and pass a written examination as a prerequisite to issuance of this license? YES <input type="checkbox"/> NO <input type="checkbox"/>			
k. Have you worked as an funeral director under this license for at least one full year? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Copy of License & Renewal. <i>Attach to this application a photocopy of this license as originally issued, and if the license has been renewed since issuance, also attach a photocopy of the certificate or other documentation issued by the licensing authority evidencing the most recent renewal.</i>			
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> _____ _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Signature of applicant Date signed </div>			
Section 3. SOCIAL SECURITY NUMBER			
ENTER APPLICANT'S SOCIAL SECURITY NUMBER:			
<p><u>Purpose and Use:</u> <i>The collection of social security numbers on applications for licensure under Chapter 497 is expressly authorized by s. 497.141(2), Florida Statutes. Social security numbers collected on applications will be used by the Department of Financial Services and the Board of Funeral, Cemetery and Consumer Services as follows: identification of applicants; obtaining background checks on applicants; obtaining information from authorities in other states; investigation of applicants and licensees concerning asserted violations of applicable law or rules; enforcement of child support obligations. The social security number may also be used for any other purpose required or authorized by federal or Florida Law.</i></p>			