DEPARTMENT OF FINANCIAL SERVICES
Division of Funeral, Cemetery, and 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, and Consumer Services, at **(850) 413-3039**.

REGISTRATION AS A TRAINING AGENCY

CHECK TRANSACTION REQUESTED	
Transaction Please check one.	Application Requirements
☐ Registration and Licensure ☐ Change of Ownership	1. Complete this application. 2. Performed at least (40) funeral services and/or embalming cases per year per intern. 3. Attach copies of your Monthly Report of Cases Embalmed or Bodies Handled to reflect that the establishment meets the requirements of performing at least forty (40) funeral services and/or embalming cases per year per intern.

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:	

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?	☐ Yes ☐ No
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, and 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	_____ License Number