## **Application for Licensure**

**Name:** Click or tap here to enter text.

**Phone #:** Click or tap here to enter text. **Social Security #(last 4):** Click or tap here to enter text.

**Mailing Address:** Click or tap here to enter text.

**Emails:** Click or tap here to enter text.Click or tap here to enter text.

 **Personal Business**

**Employer:** Click or tap here to enter text.

**Employer’s establishment license #:** Click or tap here to enter text.

I am applying to take licensure exam(s) for (single click the appropriate boxes):

 [ ]  Funeral Director [ ]  Embalmer [ ]  Retest

Application fees are: $100 $100 $100 Per Test

National Boards: [ ]  Have been taken [ ] Transcripts Requested [ ]  Transcripts Attached

If one is not already on file in the Board office please have an Official SEALED transcript sent from the college or university you attended.

Are you currently under indictment? [ ] Yes [ ] No

Have you ever been convicted of a criminal offense (other than a minor traffic violation)? [ ] Yes [ ] No

I understand that any license granted to me may be revoked by the Board for non-compliance of the Laws of the Commonwealth of Kentucky, the Rules and Regulations of the Board or any false statement in my application.

**Signature of Applicant Date**

Subscribed and sworn to before me by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE OF COUNTY OF , TO WIT:

Taken, subscribed and sworn to before me this day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notary Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Application for Licensure**

We, Click or tap here to enter text. And Click or tap here to enter text.

 **Kentucky Licensed Embalmer (typed) Kentucky Licensed Funeral Director**

Hereby certify that we are personally acquainted with Click or tap here to enter text. the applicant named herein, and know them to be of good moral character, of good repute in the community in which they live and that we have read the forgoing statements of the applicant and know that they are true.

 **Kentucky Licensed Embalmer Signature Kentucky Licensed Funeral Director Signature**

The Kentucky Board of Embalmers and Funeral Directors will provide reasonable modifications in the administration of all licensure exams for qualified individuals with disabilities. The qualified individual with a disability shall submit, to the Board, documentation from an appropriate professional verifying limitations imposed by their disability. The individual with the disability shall request effective modification.

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| For office use |
| Received: | Processed: | Payment: $  | Pay #:  | Facilitator:  |
| Exam Date: | Exam Score: | License Issue Date: | License Decline Date: | License #: |
| Notes: |