

Kentucky Board of
Embalmers and Funeral Directors
9114 Leesgate Rd Ste 4, Louisville, KY 40222
502-426-4589

FOR OFFICE USE ONLY

Fee: _____
B c e m p: _____
Meeting: _____
Start/End: _____
Note: _____

Apprenticeship Change/Reinstatement

Instructions

Per 201 KAR 15:050 Section 4. Complete every item below within 5 days of change in status. This form must be typed.

There Is no fee for requesting a hold; per 201 KAR15:050 Section 4 (5) the reinstatement fee is \$50.

APPRENTICE INFORMATION

NAME OF APPRENTICE:	LEVEL II #:
TYPE:	
FUNERAL DIRECTOR: <input type="checkbox"/>	
EMBALMER <input type="checkbox"/>	

ESTABLISHMENT INFORMATION

ESTABLISHMENT NAME AS WRITTEN ON LICENSE	LICENSE #:
ADDRESS:	PHONE:
FD SUPERVISOR NAME/LIC.	LICENSE #:
EM SUPERVISOR NAME/LIC	LICENSE #:

CHANGE REQUEST

HOLD :	MEDICAL/BIRTH/ADOPTION <input type="checkbox"/>	MILITARY <input type="checkbox"/>	MORTUARY SCHOOL <input type="checkbox"/>
REINSTATEMENT:	<input type="checkbox"/> \$50 (same establishment and supervisor only)		
TERMINATION:	<input type="checkbox"/>		
IF REINSTATEMENT INCLUDES NEW ESTABLISHMENT OR SUPERVISOR, USE SUPERVISOR CHANGE OR APPRENTICESHIP APPLICATION. IF THE APPRENTICE OR SUPERVISOR IS UNAVAILABLE TO SIGN ATTACH A STATEMENT ADDRESSING THIS.			

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I (we) do hereby make an oath that the foregoing statements are true and accurate to the best of my (our) knowledge, and further understood that if there is any substantial change in the information given herein, notice will be provided within 5 business days of change.

Printed Apprentice Name

Signature of Apprentice Date

Printed FD Supervisor Name

Signature of FD Supervisor Date

Printed EM Supervisor Name

Signature of EM Supervisor 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____.

Notary Public

My commission expires: _____