

## Kentucky Board of Embalmers and Funeral Directors

9114 Leesgate Rd Ste 4, Louisville, KY 40222  
Office: 502-426-4589 Email: KBEFD@ky.gov

Fee: \_\_\_\_\_  
B c e m p #: \_\_\_\_\_  
Note: \_\_\_\_\_  
Type: \_\_\_\_\_  
Lic/Per #: \_\_\_\_\_

## Change of Apprentice Supervisor

In the event supervisors are to be changed at the current registered location, please send this application along with \$25 processing fee and the completed apprenticeship contract. For a change of location, an Apprentice application must be completed. Refer to 201 KAR 15:050 regarding time frames for notification.

This Form Must Be Typed.

Apprentice Name \_\_\_\_\_

Establishment \_\_\_\_\_ Establishment Lic. # \_\_\_\_\_

Apprenticeship Start Date \_\_\_\_\_ Level II # (if applicable) \_\_\_\_\_

Previous Embalmer Supervisor \_\_\_\_\_ License \_\_\_\_\_

Previous Funeral Director Supervisor \_\_\_\_\_ License \_\_\_\_\_

It is hereby requested that the name(s) of the supervisor(s) be changed as follows:

Current Embalmer Supervisor \_\_\_\_\_ License \_\_\_\_\_

Is this your first apprentice? ☐ Yes ☐ No # of current apprentices you supervise: \_\_\_\_\_

Current Funeral Director Supervisor \_\_\_\_\_ License \_\_\_\_\_

Is this your first apprentice? ☐ Yes ☐ No # of current apprentices you supervise: \_\_\_\_\_

As the current supervisor(s) I/we attest to the above changes and will supervise the above apprentice as directed in KRS 316.030 and 201 KAR 15:050 and have reviewed and signed the apprentice contract.

\_\_\_\_\_  
Signature of Apprentice

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Embalmer Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Funeral Director Supervisor

\_\_\_\_\_  
Date

Subscribed and sworn to before me by \_\_\_\_\_  
STATE OF \_\_\_\_\_, TO WIT:

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

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public