

Application Deadline: prior to beginning practice

179 Summers Street, Suite 319 Charleston, WV 25301 304.558.0302

If you make a false statement concerning any question on this application,

you may be sub	ject to disciplinary action includ	ing but not limited to revocation or suspensi	on of your license.	
DEMOGRAPHIC INFORMA	TION: Please complete each			
Funeral Director/Embalmer Name (First, MI, Last)		Social Security No.	Birthdate	
Mailing Address, City, State, Zip		Continuing Education Requirement:		
		All Funeral Service Licensees and Funeral Directors are required to obtain CE as follows: 3 hours General Ed. and 4 hours OSHA/Health Ed. every 2 years for a total of 7 hours. One (1) of the three (3) General must be in Ethics.		
County of Residence	Day Phone Cell Phone	of the three (5) General must be in Lines.		
Employer	Other States licensed to practice	Email	_	
EMPLOYMENT STATUS: check ALL that apply.				
☐ Employee at a funeral establis	hment Unemployed	□ Retired □ Not employed a	at a funeral establishment	
□ Owner of a funeral establishment □ Other:			_	
PRACTICE STATUS: check A	ALL that apply.			
□ Active and currently practicing				
☐ Active but not currently practicing It is recommended that you keep you	**Check this box only if you are not on r license Active if you may consider pr			
□ Inactive **Do not check this box if you are age 65 or older: see "Emeritus" below. You must pay the renewal fee. Inactive status exempts you from the continuing education requirements while your license is Inactive, BUT it also prohibits you from being employed as a funeral director/embalmer. In order to reactivate your license, you will be required to notify the Board in advance and obtain any continuing education credits missed while Inactive.				
		y the renewal fee. You are exempt from the continui	ng education requirements.	
CHILD SUPPORT OBLIGAT		4 6 11 1 1		
Pursuant to W.Va. Code §48A-5A-5(c), each applicant for license must answer the following questions and certify, under penalty of false swearing, that these answers are true and correct. If you refuse to answer the questions, your license will not be issued, resulting in your inability to practice.				
1. Do you have a child support obligation	□ YES □ No	<u></u> о		
2. If the answer to question 1, above, is YES, are you in arrearage (or behind in payment)?			□ YES □ NO)
3. If the answer to question 2, above, is YES, does your arrearage equal or exceed the amount of child support payable for 6 months?			s? □ YES □ NO)
4. Are you the subject of a child support related subpoena or warrant?			□ YES □ NO)
CRIMINAL BACKGROUND:				
1. Have you ever been convicted of a fe	□ YES □ NO			
2. Are you currently charged with a felony crime, federal crime, or the equivalent?			□ YES □ N	0
SIGNATURE:				
I do hereby certify, under penalties of perjury and false swearing, that the above information is true and correct to the best of my knowledge.				
Signature:		Date:		
Do <u>NOT</u> separate application from stub. Return entire form and payment to the address below. State of West Virginia				
Board of Funeral Service Examiners				
APPLICATION FEES: Attach the following fee to this application and mail to address listed below.				
Type I	Due Date	Amount Due		
New Funeral Service License	Prior to practicing	\$200.00		
Make check or money order no	avable to: "WVRFSF." Cas	h and credit card payments can not be	accented	

Name: ____

Mail ENTIRE FORM to:

Board of Funeral Service Examiners 179 Summers Street – Room 319 Charleston, WV 25301