

Individual FS License Reinstatement Review Application

IF APPROVED - FEES- \$ 440.00 TOTAL IF LESS THAN 1 YEAR.

IF OVER 1 YEAR - \$ 600.00 TOTAL

LAW EXAM FEE OF \$ 315.00 NOT INCLUDED ABOVE.

DO NOT SEND FEES UNTIL PASSAGE OF THE LAW EXAM

WEST VIRGINIA BOARD OF FUNERAL SERVICE EXAMINERS

179 Summers Street, Suite 319

Charleston, WV 25301

Phone: 304-558-0302



If you make a false statement concerning any questions on this application, you may be subject to disciplinary action including but not limited to denial of reinstatement of your license

DEMOGRAPHIC INFORMATION:		
Applicant Name	Social Security No.	Birthdate
License Type	Old License No(s)	Day Phone
Mailing Address	County	Email
City, State, Zip	Employer	

QUESTIONNAIRE:

- In what year were you originally licensed or certified to practice in West Virginia: 19__ or 20__
- In what year(s) did you fail to renew your license or certificate: 19__ or 20__
- Have you ever been convicted of any felony crime, federal crime or the equivalent of a felon crime (Including "no contest" pleas) YES__ NO__
- If you answered YES to question # 3 above, give details:
- Are you currently charged with a felony crime, federal crime or the equivalent of a felony crime: YES__ NO__
- If you answered YES to question # 5 above, give details:
- State briefly why you allowed your license to lapse:
- State briefly what occupation you have been engaged in since the day your license/certificate became delinquent:
- Are you presently employed in a funeral home or crematory? YES__ NO__
- If you answered YES to question 9 above: Name of Employer _____ Date of hire: _____
- State briefly why you are seeking reinstatement of your license or certificate:

Use reverse side if more room is needed to answer

CHILD SUPPORT OBLIGATIONS:

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__
2. If the answer to question 1, above, is YES, are you in arrears (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?	YES__	NO__
4. Are you the subject of a child support related subpoena or warrant?	YES__	NO__

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.

Applicant Signature: _____

Date: _____