



If your review application is approved, you will need to take and pass the West Virginia Laws, Rules & Regulations examination before being Eligible for a West Virginia Funeral Service license.

If you make a false statement concerning any question on this application, you may be subject to disciplinary action including but not limited to revocation or suspension of your license

	RMATION: Please print or type.	ig but not limited to revocation or su	spension of your license.		
Name (Last, First, MI)	in and the second of type.	Social Security No.			
Matter Address		Dog Bloom	Call Diama	II Dh	
Mailing Address		Day Phone	Cell Phone	Home Phone	
City-State-Zip		Email			
Funeral Home Employer		Birthdate			
Employer City and State		County of Residence			
State(s) of Licensure		License number(s)			
EMDI OVMENIT CTATU	Se about AII that annly				
□ Employee at a funeral esta		□ Not employed at a fo	uneral establishment		
□ Owner of a funeral establi	1 *	1 Not employed at a 10	unerar establishment		
CHILD SUPPORT OBLIC					
	GATION: -5(c), each applicant for license must answer the	ne following questions and certify, under per	nalty of false swearing, that the	se answers are true	
and correct. If you refuse to answer	er the questions, your license will not be issued	, resulting in your inability to practice.	- VEC	= NO	
			□ YES	□ NO	
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?				□ NO	
4. Are you the subject of a child support related subpoena or warrant? CRIMINAL BACKGROUND:			□ YES	□ NO	
			- VEC	T NO	
Have you ever been convicted of a felony or a federal crime? Are you currently charged with a felony crime federal crime or the agriculant?			□ YES	□ NO	
2. Are you currently charged with a felony crime, federal crime, or the equivalent? CERTIFICATION AND SIGNATURE:			□ YES	□ NO	
It is my understanding that should	I be issued a Reciprocity license by the State caining to and governing the care of dead human		and rules of the State of West V	Virginia and the Board	
I, herewith, make application for a	reciprocal license for the State of West Virgin	ia. I understand that any and all fees pain ir	connection with this application	on are non-refundable	
Signature: Date:					
Do	NOT separate application from stub.	Return this form and payment to th	e address below.		
State of West Virginia					
Board of Funeral Service I					
APPLICATION FEES: A	Attach the following fee to this appli Amount Due with application for review		below.		
Reciprocal license Review	\$30.00	w			
•	•				
Make check or money orde	er payable to: "WVBFSE". Cash	and credit card payments can n	ot be accepted.		
		Mail ENTIRE FORM to:			
Applicant Name:		Board of Funeral Service	Examiners		
		179 Summers Street – Ro	oom 319		
		Charleston, WV 25301	Charleston, WV 25301		

Submit official license verification from all states you are licensed in