



DEPARTMENT OF FINANCIAL SERVICES
Division of Funeral, Cemetery & Consumer Services
 200 East Gaines Street
 Tallahassee, FL 32399- 0361

CERTIFICATION OF LICENSURE IN GOOD STANDING

TO THE LICENSING AUTHORITY: The person identified below (the "Subject") is applying for a professional license in the State of Florida and desires to establish with Florida that they are currently licensed in good standing in your state. They have been instructed to fill out Section 1, provide you the form to fill out Section 2B, and ask you to mail it directly back to us at: 200 East Gaines Street, Larson Bldg, Tallahassee, FL 32399-0361. Thank you for your assistance.

Sincerely,
 Florida Division of Funeral, Cemetery & Consumer Services

Section 1. Applicant Information			
First Name:	Middle Initial:	Last Name:	
Date of Birth:		Email Address:	
Section 2A. Licensure Information by Responding State			
This will certify that the Subject is currently licensed in good standing in this state in the following category(s) (please check applicable category(s) and provide requested information):			
<i>CATEGORY (check applicable)</i>	<i>Date licensed</i>	<i>Date Expires</i>	<i>Exam required? (check applicable)</i>
<input type="checkbox"/> Embalmer	/ /	/ /	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Funeral Director	/ /	/ /	Yes <input type="checkbox"/> No <input type="checkbox"/>
Section 2B. Exam Information from Responding State			
The records of this State indicate that the Subject has taken the exam(s) indicated below and achieved the scores indicated (please check applicable):			
<i>Exam (check applicable items)</i>	<i>Score (% correct answers)</i>	<i>Month & year exam taken</i>	
<input type="checkbox"/> No exam required for this Subject's licensure		/	
<input type="checkbox"/> Science Section of the National Board Exam, administered by the Conference of Funeral Service Examining Boards		/	
<input type="checkbox"/> Arts Section of the National Board Exam, administered by the Conference of Funeral Service Examining Boards.		/	
<input type="checkbox"/> An examination prepared and administered by this state.		/	
<input type="checkbox"/> Other as follows:		/	
Section 3. Signature of Responding State Licensing Authority Staff Member			
_____	_____	_____	
Signature	Please print name	Date signed	
State: _____	Phone Number with Area code: () -		
Name of Licensing Authority: _____	Seal		

Section 4. Social Security Number

Enter Applicant's Social Security Number:

Purpose and Use:

The collection of social security numbers on applications for licensure under Chapter 497 is expressly authorized by s. 497.141(2), Florida Statutes. Social security numbers collected on applications will be used by the Department of Financial Services and the Board of Funeral, Cemetery and Consumer Services as follows: identification of applicants; obtaining background checks on applicants; obtaining information from authorities in other states; investigation of applicants and licensees concerning asserted violations of applicable law or rules; enforcement of child support obligations. The social security number may also be used for any other purpose required or authorized by federal or Florida Law.