



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

If you have any questions or need assistance in completing this application, please contact the Department of Financial Services, Division of Funeral, Cemetery, and Consumer Services, at **(850) 413-3039**.

**REGISTRATION AS A TRAINING AGENCY**

<b>CHECK TRANSACTION REQUESTED</b>	
Transaction Please check one.	Application Requirements
<input type="checkbox"/> Registration and Licensure  <input type="checkbox"/> Change of Ownership	<ol style="list-style-type: none"> <li>1. Complete this application.</li> <li>2. Performed at least (40) funeral services and/or embalming cases per year per intern.</li> <li>3. Attach copies of your Monthly Report of Cases Embalmed or Bodies Handled to reflect that the establishment meets the requirements of performing at least forty (40) funeral services and/or embalming cases per year per intern.</li> </ol>
<b>BUSINESS INFORMATION</b>	
Intern Training Offered:	
Funeral Director <input type="checkbox"/> Embalmer <input type="checkbox"/> Funeral Director/Embalmer <input type="checkbox"/>	
Name of Business:	License #:
Name of Licensee in charge:	License #:
<b>LOCATION INFORMATION</b>	
Street:	
City:	State:
Telephone Number: (    )    -	E-mail Address:    Zip:
<b>BUSINESS ACTIVITIES</b>	
Number of bodies embalmed during the past 12 months:	
Number of funerals conducted during the past 12 months:	

If the funeral home does not have an embalming facility on premise, it cannot be approved as a training agency for embalmer internships.

Does the facility comply with inspection criteria as stated in Rule 69K-21.003(1), Florida Administrative Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**SUPERVISING LICENSEES**  
*Please list all individuals assigned to supervise intern training.*

<b>Name:</b>	<b>License #:</b>
<b>Name:</b>	<b>License #:</b>
<b>Name:</b>	<b>License #:</b>

**CURRENT INTERNS**  
*If currently training interns list their names and license numbers.*

<b>Name:</b>	<b>License #:</b>
<b>Name:</b>	<b>License #:</b>
<b>Name:</b>	<b>License #:</b>

**OWNERSHIP**  
*Complete if application regards a change of ownership.*

Name of former owner, either corporate or individual, as is applicable:	
Former name of business:	
Former business license #:	
Name of current owner:	
Date of change of ownership:	

**STATEMENT OF DISCIPLINARY ACTION**

Have there been disciplinary proceedings made by any regulatory authority with jurisdiction within the last five (5) years against this facility, or against an owner or employee of this establishment?

- Yes
- No

If YES, state the case number and name of subject. You are required to provide complete details on a separate page.

**CERTIFICATION**

We, the undersigned, have read the foregoing and hereby certify that the information provided in this application is true and correct. We are aware of the fact that **ANY MATERIAL MISREPRESENTATION IS GROUNDS FOR DENIAL OR SUBSEQUENT REVOCATION OF A LICENSE**. We further certify that we are familiar with the laws and rules regulating Training Agencies and that this establishment meets the requirements of Chapter 497, Florida Statutes, the Rules of the Board of Funeral, Cemetery, and Consumer Services, and the Rules of the Department of Financial Services, and that this establishment will be operated in compliance with all applicable laws and rules.

\_\_\_\_\_  
Type or print name of Individual in Charge

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Signature of Individual in Charge

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Licensee Supervising Interns

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or print name of Supervising Licensee

\_\_\_\_\_  
License Number