



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

**PROVISIONAL OR TEMPORARY LICENSE, APPLICATION FOR RENEWAL**

**Required Fee: \$50.00**

**Fees are nonrefundable. Make check payable to "Department of Financial Services". Mail form and payment to: Division of Funeral, Cemetery & Consumer Services, Revenue Processing, P.O. Box 6100, Tallahassee, FL 32314-6100.**

This form is used to apply for a one-time renewal of a Provisional or Temporary funeral director and/or embalmer license.

- A Temporary License is issued only to persons who have already applied for a permanent license **by endorsement**, and have been approved to take the Florida Law and Rules Examination. A Temporary License is good for only 60 days, and may be renewed once for 60 additional days.
- A Provisional License is issued only to persons who have already applied for a permanent license and have completed a Florida internship and have been approved to take the Florida Law and Rules Examination. A Provisional License is good for only 6 months, and may be renewed once for an additional 6 months.

The purpose of a Temporary or Provisional license is to provide a brief additional period in which an applicant for license may work in their desired profession while trying to pass the Florida Law and Rules Examination.

Both a Provisional and Temporary License require the Temporary or Permanent licensee to work under the supervision of a Florida licensee holding full permanent licensure in the same category as the Temporary or Provisional license.

If you have not yet been issued an initial Provisional or Temporary license, you may apply for one using the form entitled "Provisional or Temporary License, Application for Initial License."

Section 1. TYPE OF LICENSE CHECK ONE		
<input type="checkbox"/> Embalmer by endorsement	<input type="checkbox"/> Funeral director by endorsement	<input type="checkbox"/> Combo EMB/FD by endorsement
<input type="checkbox"/> Embalmer by Florida internship	<input type="checkbox"/> Funeral director by Florida internship	<input type="checkbox"/> Combo EMB/FD by Florida internship

Section 2. IDENTIFICATION OF APPLICANT		
<b>Applicant First name:</b>	<b>Middle name:</b>	<b>Last name:</b>
<b>Phone # with area code:</b> (    )    -	<b>Email address:</b>	
<b>Residence Address (street, city, state, zip):</b>		

**FOR OFFICE USE ONLY**

BT	TYCL	FT	RENEWAL	
V	2301	T	\$50	Embalmer by endorsement and exam
	2302	T	\$50	Embalmer by Florida internship and exam
	2401	T	\$50	Funeral director by endorsement and exam
	2402	T	\$50	Funeral director by Florida internship and exam
	2501	T	\$50	Combo embalmer/funeral director by endorsement and exam
	2502	T	\$50	Combo embalmer. funeral director by Florida internship & exam

**Section 3. IDENTIFICATION OF SUPERVISING LICENSEE**

- 1) Name of Licensed Establishment that you will be employed if the Provisional or Temporary License is Issued:
  
- 2) Establishment's license number:
  
- 3) Name of Florida licensee who will supervise you if the Provisional or Temporary license is issued:
  
- 4) Supervising licensee's license number:
  
- 5) Supervising licensee's daytime phone number: (     )     -

**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.*

**Section 5. APPLICANT'S SIGNATURE**

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date signed