Funeral Service New Application				WEST VIRGINIA BOARD OF FUNERAL SERVICE EXAMINERS			
Applicatio	on Deadline: prio	0 01	practice <b>NEW</b>	FEES IN EFFE	2 <b>CT</b> 179 S	Summers Street, Suite 319 Charleston, WV 25301	
TWO YEAR LICENSE						304.558.0302	
vou ma			tement concerning any				
you may be subject to disciplinary action including but not limited to revocation or suspension of your license. DEMOGRAPHIC INFORMATION: Please complete each section.							
Funeral Director/Embalmer Name (First, MI, Last)			Social Security No.		Birthdate		
Mailing Address, City, State, Zip			Continuing Education Requirement:				
			All Funeral Service Licensees and Funeral Directors are required to obtain CE as follows: 3 hours General Ed. and 4 hours OSHA/Health Ed. every 2 years for a total of 7 hours. If you are				
County of Residence Day Phone Cell Phone		applying in the middle of a reporting period, your hours will be prorated. Information will be forthcoming with your license.					
Employer	Other States	licensed to practice	Email				
<b>EMPLOYMENT STA</b>							
□ Employee at a funeral establishment □ Unemployed □ Retired □ Not employed at a funeral establishment							
$\Box$ Owner of a funeral est	ablishment	□ Other:			_		
<b>PRACTICE STATUS:</b>		oply.					
□ Active and currently pract	0	1					
□ Active but not currently pr It is recommended that you	keep your license Active	ox only if you are not on e if you may consider pra	<i>Inactive Status: see "Inac</i> acticing again in the future.	tive" below.			
□ Inactive **Do not check this Inactive status exempts you director/embalmer. In order	from the continuing edu	cation requirements whil	e your license is Inactive, I	BUT it also prohibits you			
□ Emeritus **Check this box		e or older. You must pay	the renewal fee. You are	exempt from the continui	ing education requireme	nts.	
CHILD SUPPORT OB Pursuant to W.Va. Code §48A		<u>c 1:</u>	4 6 11	1 4.0 1 14	<u> </u>		
and correct. If you refuse to ar					i laise swearing, that the	ese answers are true	
1. Do you have a child suppor	t obligation?				□ YES	□ NO	
2. If the answer to question 1, above, is YES, are you in arrearage (or behind in payment)?						□ 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?					s? 🗆 YES	□ NO	
4. Are you the subject of a child support related subpoena or warrant?					□ YES	□ NO	
<b>CRIMINAL BACKGR</b>	OUND:						
1. Have you ever been convicted of a felony or a federal crime?					□ YES	🗆 NO	
2. Are you currently charged with a felony crime, federal crime, or the equivalent?					□ YES	□ NO	
SIGNATURE:							
T			de hensku sentifu	under regulting of regium	u and false arreaming the	at the above	
information is true and correct	to the best of my knowle	edge.	do hereby certify,	under penalties of perjury	y and faise swearing, the	at the above	
Signature: Date:							
Do <u>NOT</u> separate application from stub. Return entire form and payment to the address below.							

## State of West Virginia Board of Funeral Service Examiners

Doard of Function Scivice Examiners							
APPLICATION FEES: Attach the following fee to this application and mail to address listed below.							
Туре	Due Date	Amount Due					
New Funeral Service License	Prior to practicing	\$200.00					

Make check or money order payable to: "WVBFSE". Cash and credit card payments can not be accepted.

Name: \_\_\_\_\_

## Mail ENTIRE FORM to: Board of Funeral Service Examiners 179 Summers Street – Room 319 Charleston, WV 25301