



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,

DEMOGRAPHIC INFORMATION: Please print or type.	ot limited to revocation or suspension of	of your neense.	
Name (Last, First, MI)	Social Security No.		
	·		
Mailing Address	Day Phone Cell Phon	ne	Home Phone
City-State-Zip	Email		
Funeral Home Employer	Birthdate		
Employer City and State	County of Residence		
State(s) of Licensure	License number(s)		
EMPLOYMENT STATUS: check ALL that apply.			
□ Employee at a funeral establishment □ Unemployed	□ Not employed at a funeral est	ablishment	
□ Owner of a funeral establishment □ Other:	1 Not employed at a functar est	aonsimient	
CHILD SUPPORT OBLIGATION: Pursuant to W.Va. Code §48A-5A-5(c), each applicant for license must answer the following	ng questions and certify, under penalty of fals	e swearing, that thes	se answers are true
and correct. If you refuse to answer the questions, your license will not be issued, resulting 1. Do you have a child support obligation?	in your inability to practice.	□ 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?		□ YES	□ NO
4. Are you the subject of a child support related subpoena or warrant?		□ YES	□ NO
CRIMINAL BACKGROUND:			_
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
CERTIFICATION AND SIGNATURE:			
It is my understanding that should I be issued a Reciprocity license by the State of West Vi of Funeral Service Examiners pertaining to and governing the care of dead human bodies.	rginia, I will observe all the laws and rules of	the State of West V	irginia and the Board
I, herewith, make application for a reciprocal license for the State of West Virginia. I under	rstand that any and all fees pain in connection	with this application	n are non-refundable
Signature:	Date:		
-			
Do NOT separate application from stub. Return	this form and payment to the address	below.	
State of West Virginia			
Board of Funeral Service Examiners			
APPLICATION FEES: Attach the following fee to this application a	and mail to address listed below.		
Type Amount Due with application for review			
Reciprocal license Review \$30.00			
Make check or money order payable to: "WVBFSE". Cash and cre	edit card payments can not be acc	epted.	
N	Mail ENTIRE FORM to:		
	Board of Funeral Service Examine	ers	
Applicant Ivame.	79 Summers Street – Room 319		
	arleston, WV 25301		

Submit official license verification from all states you are licensed in