NEW FEES IN EFFECT

179 Summers Street, Suite 319 Charleston, WV 25301 304.558.0302

If you make a false statement concerning any question on this application,

DEMOGRAPHIC INFORMATION:								
Funeral Director/Embalmer Name				License No. FD#	EMB#			
Mailing Address								
County of Residence	Day Phone	Em	ail			Employer		
Practice Status (A = Active I = Inactive E = Emeritus) Other States licensed:								
EMPLOYMENT STATUS: check ALL that apply.								
□ Employee at a funeral establishment □ Unemployed □ Retired □ Not employed at a						at a funeral esta	ablishment	
□ Owner of a funeral establishment □ Other (Explain):								
PRACTICE STATUS: check ALL that apply.								
□ Active and currently practicing								
□ Active but not currently practicing **Check this box only if you are not on Inactive Status: see "Inactive" below. It is recommended that you keep your license Active if you may consider practicing again in the future.								
□ Inactive **Do not check this box if you are age 65 or older: see "Emeritus" below. You must pay the renewal fee.								
Inactive status exempts you from the continuing education requirements while your license is Inactive, BUT it also prohibits you from being employed as a funeral director/embalmer. In order to reactivate your license, you will be required to notify the Board in advance and obtain any continuing education credits missed while Inactive.								
□ Emeritus **Check this box if you are 65 years of age or older. You must pay the renewal fee. You are exempt from the continuing education requirements.								
CHILD SUPPORT OBLIGATION: Pursuant to W.Va. Code §48A-5A-5(c), each applicant for license must answer the following questions and certify, under penalty of false swearing, that these answers are true								
and correct. If you refuse to answer the questions, your license will not be issued, resulting in your inability to practice.								
1. Do you have a child support obligation?						□ YES	S 🗆 NO	
2. If the answer to question 1, above, is YES, are you in arrearage (or behind in payment)?						□ YES	S 🗆 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?						hs? \(\subseteq \text{YES}	S 🗆 NO	
4. Are you the subject of a child support related subpoena or warrant?						□ YES	S 🗆 NO	
CRIMINAL BACKGROUND:								
1. Have you ever been convicted of a felony or a federal crime?							S 🗆 NO	
2. Have you been convicted of a felony or a federal crime since you last renewed your license?						□ YES	S 🗆 NO	
3. Are you currently charged with a felony crime, federal crime, or the equivalent?						□ YES	S 🗆 NO	
SIGNATURE:								
I do hereby certify, under penalties of perjury and false swearing, that the above information is true and correct to the best of my knowledge.								
Signature: Date:								
Do NOT separate application from stub. Return entire 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 and mail to address listed below.								
License Number	Due Date	Amount Due	After July 1		After 90 days past the due date, this application becomes			
FD#							For reinstatement. Contact ion on reinstatement.	
EMB#								
NAME:	June 30th	\$250.00	\$440.00			REINSTATEMENT FEE - \$350.00, RENEWAL FEE, \$ 250.00, LATE FEE - \$ 190.00 TOTAL - \$ 790.00		

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

NAME: ADDRESS: CITY, STATE, ZIP Mail ENTIRE FORM to: Board of Funeral Service Examiners 179 Summers Street, Suite 319 Charleston, WV 25301