

ARKANSAS INSURANCE DEPARTMENT **FUNERAL SERVICES DIVISION | EMBALMERS & FUNERAL DIRECTORS**

APPRENTICE EMBALMER – APPLICATION FOR RE-REGISTRATION

FEE DUE : Application Fee: \$50.00 ◀	Due at time of application	[Fo	r Office Use Only]
Have you been convicted of a felony, since your previous		No.:	
registration? YES NO			
If "YES," please attach an explanation to	o this application form.	Date Issued:	
I hereby make application to the Arka Directors, Cemeteries, and Burial Ser information.			
Name:		Soc. S	ec. No.:
Address:			DOB:
P.O. Box/Street	City State	Zip County	
Gender: ☐ Male ☐ Female Cell P	hone: ()	Work Phone	e: ()
E-Mail Address:			
☐ I have completed a High School co	ourse of education at:		
		Name	of School
***** Attach a pho	otocopy of your High School	ol Diploma or Equivalent ***	**
I will be employed by:			
Markey Address		of Funeral Home	
Mailing Address:	City	State	Zip
	•		·
I will serve under the following licens	ed Funeral Directors:		
Name of Embalmer	Board ID # - Embalmer	Address	
Name of Embairner	board ID # - Embaimer	Address	
Name of Embalmer	Board ID # - Embalmer	Address	
			
Name of Embalmer	Board ID # - Embalmer	Address	
Name of Embalmer	Board ID # - Embalmer	Address	
I hereby certify that all information and knowledge and belief.	statements contained	within this application a	are true, to the best of my
Ap	pplicant Signature		Application Date
NOTARY PUBLIC:	. •	[Nota	ry Stamp or Seal]
State of			
County of			
Subscribed and sworn to before me this	day of	, 20	
	Notary Public Signature		Commission Expiration Date
Mail Completed Application To:	Arkansas Department of Commerce		,
- 	Arkansas Insurance Dej	partment Funeral Service	

1Commerce Way, Suite 502 | Little Rock, AR 72202-2087

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