ARKANSAS INSURANCE DEPARTMENT
FUNERAL SERVICES DIVISION | EMBALMERS & FUNERAL DIRECTORS

APPRENTICE FUNERAL DIRECTOR APPLICATION – INITIAL REGISTRATION

FEE DUE:

Application Fee: $50.00   ◄ Due at time of application

Have you ever been convicted of a felony? ❑ YES   ❑ NO
If "YES," please attach an explanation to this application form.

<table>
<tr><td colspan="2">[For Office Use Only]</td></tr>
<tr><td>No.:</td><td>_____</td></tr>
<tr><td>Date Issued:</td><td>_____</td></tr>
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I hereby make application to the **Arkansas Insurance Department | State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services** to be registered as an <u>Apprentice Funeral Director</u>. I submit the following information.

Name: _____   **Soc. Sec. No.:** _____

Address: _____   **DOB:** _____
P.O. Box/Street   City   State   Zip   County

Gender: ❑ **Male** ❑ **Female**   **Cell Phone:** (____)_____   **Work Phone:** (____)_____

E-Mail Address: _____

❑ **I have completed a High School course of education at:** _____
Name of School

***** Attach a photocopy of your High School Diploma or Equivalent *****

I will be employed by: _____
Name of Funeral Home

Mailing Address: _____
P.O. Box/Street   City   State   Zip

I will serve under the following licensed Funeral Directors:

Name of Funeral Director	Board ID # - Funeral Dir.	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby certify that all information and statements contained within this application are true, to the best of my knowledge and belief.

_____   _____
Applicant Signature   Application Date

NOTARY PUBLIC: [Notary 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 Department | Funeral Services Division
1 Commerce Way, Suite 502 | Little Rock, AR 72202-2087
Phone (501) 682-0574 | Fax (501) 682-0575
E-Mail: AID.EFD@arkansas.gov
PLEASE READ INSTRUCTIONS SHEET AND INCLUDE ALL REQUIRED MATERIALS WITH THE APPLICATION.