



ARKANSAS INSURANCE DEPARTMENT
FUNERAL SERVICES DIVISION | EMBALMERS & FUNERAL DIRECTORS

APPRENTICE FUNERAL DIRECTOR APPLICATION - RE-REGISTRATION

FEE DUE: Application Fee: \$50.00 ◀ Due at time of application

Have you been convicted of a felony, since your previous registration? ☐ YES ☐ NO

If "YES," please attach an explanation to this application form.

[For Office Use Only]

No.: _____

Date Issued: _____

I hereby make application to the **Arkansas Insurance Department | State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services** to be registered as an Apprentice Funeral Director. 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
_____ Name of Funeral Director	_____ Board ID # - Funeral Dir.	_____ Address
_____ Name of Funeral Director	_____ Board ID # - Funeral Dir.	_____ Address
_____ 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.