



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

**APPLICATION FOR OUT-OF-STATE LICENSURE –  
EMBALMER AND/OR FUNERAL DIRECTOR**

**APPLICATION FEE(S) DUE:**

- ☐ Embalmer's License Application Fee: \$150.00  
☐ Funeral Director's License Application Fee: \$150.00

[For Office Use Only]

Temporary Working No.: \_\_\_\_\_

Date TWN Issued: \_\_\_\_\_

Type: ☐ Embalmer ☐ Funeral Director

I hereby make application to the **Arkansas Insurance Department | State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services** for an out-of-state license:

☐ Embalmer ☐ Funeral Director [Check one or both, if applicable.]

**Applicant Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Applicant's Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
MM/DD/YY City/State

**Current Mailing Address:** \_\_\_\_\_  
P.O. Box/Street City State ZIP Code

**Residence County** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_ **Are you a U.S. Citizen?** ☐ Yes ☐ No

**High School Graduated (or G.E.D.):** \_\_\_\_\_ **Graduation Date:** \_\_\_\_\_  
City/State MM/YY

**College/University Attended:** \_\_\_\_\_  
Name of School/City/State Years Attended

**Mortuary School Attended:** \_\_\_\_\_  
Name of School/City/State Graduation Date

**LICENSES CURRENTLY HELD BY APPLICANT:**

☐ Embalmer's License: No.: \_\_\_\_\_ **State:** \_\_\_\_\_ **License Date:** \_\_\_\_\_

☐ Funeral Director's License: No.: \_\_\_\_\_ **State:** \_\_\_\_\_ **License Date:** \_\_\_\_\_

**Have you ever had a license suspend or revoked?** ☐ Yes ☐ No If "Yes," please attach an explanation.

**Have you ever been convicted of a felony?** ☐ Yes ☐ No If "Yes," please attach an explanation.

**Have you previously resided in Arkansas?** ☐ Yes ☐ No If "Yes," please list dates: \_\_\_\_\_

**Check all that apply:**

I ☐ own ☐ am employed by \_\_\_\_\_  
Funeral Home Name City/State

**Acknowledgement Statement:**

I promise and agree that, if this application is accepted and I should be granted a license(s) to practice embalming and/or funeral directing in the State of Arkansas, I will conduct myself in a professional manner, maintaining the honor and integrity of the Funeral Services industry and I will observe and obey all laws, rules, and regulations of the State of Arkansas. Additionally, I understand that, if I have made any false statements in this application, the Board may consider actions including suspension or revocation of the license(s).

Applicant Signature

Applicant Title

Date

**AUTHORIZATION:**

Your signature on this application form serves as authorization for the **Arkansas Insurance Department | State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services** to conduct a background investigation on you that includes – but is not limited to – inquiries to any applicable law enforcement agencies.

**NOTARY PUBLIC:**

\_\_\_\_\_, the above-named applicant, personally known by me, signed this application form in my presence, and being duly sworn, he/she states that he/she has read the above application form and that the answers given herein are true and correct, to the best of his/her knowledge and belief.

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed to and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Commission Expiration Date

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**RULE VIII - LICENSE REQUIREMENTS FOR OUT OF STATE LICENSES**

Any person holding a valid, unrevoked and unexpired license as an embalmer or funeral director in another state, U.S. Territory, or Provincial Authority, may apply for a license to practice in this state as an embalmer or funeral director, or both. Application shall be made by filing with the secretary-treasurer of the board a certified statement from the secretary of the examining Board of the state, U.S. Territory or Provincial Authority in which the applicant holds his/her license showing the basis upon which the license was issued. Upon receipt of the application, the secretary of the Board may issue temporary working numbers, which are valid for one year from the date of issuance. To obtain a license, the applicant shall pass an exam to prove his/her proficiency, including at least, but not limited to, knowledge of the laws, rules and regulations of this state pertaining to funeral service. The exam may be taken at one of the regularly scheduled exam sessions set by the Board. If the Board is satisfied with the proficiency of the applicant, upon receipt of the prescribed fees in § 17-29-208, a license may be granted. Failure to meet the testing requirement shall result in the revocation of the temporary working numbers and the applicant must reapply and pay the appropriate fees.

The International Conference of Funeral Service Examining Boards administers the exam. Once eligibility is on file with their office, the exam may be taken once every thirty (30) days.

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Return 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](mailto:AID.EFD@arkansas.gov)

## PROFESSIONAL REFERENCES

### Reference 1:

I, the undersigned licensed ☐ embalmer ☐ funeral director, hereby certify that I have been personally acquainted with \_\_\_\_\_ of \_\_\_\_\_ for \_\_\_\_\_ years,  
Applicant Name City/State

and that I know him/her to be a person of good moral character and worthy of favorable recognition by the Arkansas Insurance Department | State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services, and I further certify that \_\_\_\_\_ is qualified to receive a license as an embalmer or  
Applicant Name

funeral director in the State of Arkansas.

\_\_\_\_\_  
Reference 1 – Printed Name

\_\_\_\_\_  
Reference 1 – Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street/P.O. Box Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

\_\_\_\_\_  
Reference 1 – Embalmer License Number

\_\_\_\_\_  
License State

\_\_\_\_\_  
Reference 1 – Funeral Director License Number

\_\_\_\_\_  
License State

### Reference 2:

I, the undersigned licensed ☐ embalmer ☐ funeral director, hereby certify that I have been personally acquainted with \_\_\_\_\_ of \_\_\_\_\_ for \_\_\_\_\_ years,  
Applicant Name City/State

and that I know him/her to be a person of good moral character and worthy of favorable recognition by the Arkansas Insurance Department | State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services, and I further certify that \_\_\_\_\_ is qualified to receive a license as an embalmer or  
Applicant Name

funeral director in the State of Arkansas.

\_\_\_\_\_  
Reference 2 – Printed Name

\_\_\_\_\_  
Reference 2 – Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street/P.O. Box Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

\_\_\_\_\_  
Reference 2 – Embalmer License Number

\_\_\_\_\_  
License State

\_\_\_\_\_  
Reference 2 – Funeral Director License Number

\_\_\_\_\_  
License State

### **\*\*IMPORTANT\*\***

The *References* page must be completed and signed by two (2) licensed embalmers and/or funeral directors. It is preferred that the embalmers and/or funeral directors be licensed in Arkansas, where possible.

Return References Page 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](mailto:AID.EFD@arkansas.gov)

## CERTIFICATION OF LICENSURE

(Must be completed and signed by the Licensing Board where applicant is currently licensed.)

Licensing State: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

License #1:

License No.: \_\_\_\_\_

License Type: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Exam Average: \_\_\_\_\_

License #2:

License No.: \_\_\_\_\_

License Type: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Exam Average: \_\_\_\_\_

### Questionnaire:

1. Name of school licensee attended: \_\_\_\_\_
2. Has the licensee been current and in "good standing" for a period of five (5) consecutive years with your State Board? ☐ Yes ☐ No If "No," please explain: \_\_\_\_\_  
\_\_\_\_\_
3. Has the licensee ever been disciplined by your State Board? (Revocation, suspension, probation, etc.)  
☐ Yes ☐ No If "Yes," please explain and attach a copy of your final decision: \_\_\_\_\_  
\_\_\_\_\_
4. Are there any formal charges pending against the licensee? ☐ Yes ☐ No If "Yes," please explain and attach a copy of the complaint: \_\_\_\_\_  
\_\_\_\_\_

### ATTESTATION:

Acting on behalf of \_\_\_\_\_, I hereby certify that the above information is true and correct, based on the records of this Board.

[State Board – Seal]

\_\_\_\_\_  
Board Official – Printed Name

\_\_\_\_\_  
Board Official – Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

### **\*\*\*IMPORTANT\*\***

The *Certification of Licensure* page must be completed and signed by the applicable State Board and returned directly 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](mailto:AID.EFD@arkansas.gov)