

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