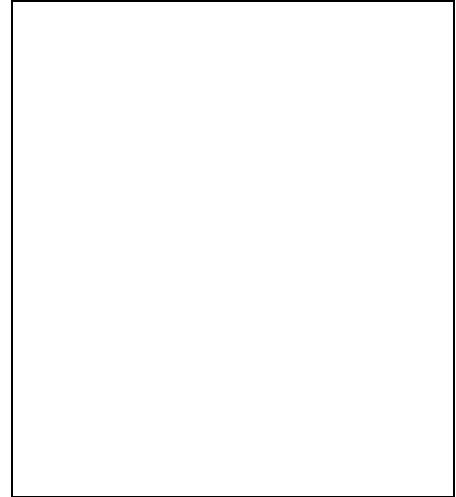




Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
Regulation of Morticians
P.O. Box 110806, Juneau, Alaska 99811-0806
Phone: (907) 465-2691 * E-mail: license@alaska.gov
Website: www.commerce.state.ak.us/occ/pmor.htm

BIENNIAL FUNERAL DIRECTOR LICENSE RENEWAL
January 1, 2011 – December 31, 2012



IT IS TIME TO RENEW YOUR FUNERAL DIRECTOR LICENSE

Your license to practice as a Funeral Director in the State of Alaska expires on December 31, 2010. It is illegal for you to practice if your license has expired. There is no grace period. To renew your license for the period January 1, 2011, through December 31, 2012, return this signed application to the above address with a check or money order payable to the State of Alaska, or use the attached credit card payment form. Faxed or emailed applications will not be accepted. This is the only renewal notice you will receive. An incomplete application or insufficient fee will result in your renewal being rejected.

NAME CHANGE - If you have had a legal name change since your last license was issued, enclose a certified true copy of the legal document (marriage certificate, divorce decree, etc.) as proof of the change.

EXPIRED LICENSES - There is no "inactive" license status. Licenses which have expired more than five years cannot be renewed.

SOCIAL SECURITY NUMBERS - AS 08.01.100 requires that a U.S. social security number be on file with the division before a professional license is renewed for an individual.

PAYMENT OF CHILD SUPPORT AND STUDENT LOANS - If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, or if the Alaska Commission on Post-Secondary Education has determined you are in loan default, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 or the Post-Secondary Education office at (907) 465-2962 or 1-800-441-2962 to resolve payment issues.

PUBLIC INFORMATION - Please be aware that all information on this renewal form will be available to the public unless required to be kept confidential by state or federal law.

STATUS CHECK - Information about current licensees, including mailing addresses, is available from the Division's website at www.commerce.state.ak.us/occ under "License Search."

CHECK APPROPRIATE FUNERAL DIRECTOR LICENSE STATUS BOX:

To determine your applicable renewal fee, refer to your license number on the mailing label of this form.

[] Funeral Director License Number 1 through 390
Renewal fee \$175.00

[] Funeral Director License Number 391 and above
Renewal fee \$87.50

Name: Last First Middle

Address: Street or P.O. Box City State ZIP Code

Email Address (optional):

Social Security #: Date of Birth:
(Mandatory on every renewal – see explanation under "Social Security Numbers" on the coversheet of this application).

Funeral Director License #: Daytime Telephone Number:

Are you currently employed as a Funeral Director? Yes No

If "Yes," Name of Establishment: _____

NAME CHANGE: If you had a legal name change since your last embalmer license was issued, please enclose a certified true copy of the legal document (marriage certificate, divorce decree, etc.) for proof of the name change.

DISCIPLINARY/INVESTIGATIONS/PROFESSIONAL FITNESS QUESTIONS:


The following questions must be answered. "Yes" answers may not automatically result in license denial.

- | Since the date of your last application for an Alaska Funeral Director license: | <u>YES</u> | <u>NO</u> |
|---|--------------------------|--------------------------|
| 1. Have you had a professional license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you hold in any jurisdiction including Alaska and including that of any military authorities or is any such action pending?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including a conviction involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you aware of any investigations against you in any State, jurisdiction, or in Canada?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you violated a state law or regulation, municipal ordinance or regulation, or federal law or regulation affecting the disposition of a dead human body, or contracts relating to services provided at your establishment?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you provided funeral director services illegally?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you failed to comply with a Division order?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are your rights to obtain or exercise the privileges granted by a funeral director license currently revoked or suspended in this state, another state, or in Canada?..... | <input type="checkbox"/> | <input type="checkbox"/> |

A "Yes" answer may not prejudice your application, failure to report honestly may. If you answered "yes" to any of the above questions please explain dates, locations and circumstances on a separate piece of paper. Also, submit any/all supporting documents that are applicable (court records, Board actions, investigation notices, etc.)

WARNING: The Department may deny, suspend, or revoke the license of a person who has obtained or attempted to obtain a license to practice as a Funeral Director by fraud or deceit. The person may also be subject to criminal charges for unsworn falsification (AS 11.56.210).

I certify that the information in this application is true and correct.

SIGN HERE  _____
Applicant's Signature Date

NOTIFICATION OF PROPOSED REGULATIONS CHANGES

If you would like to receive notice of all proposed Mortuary Science regulation changes, please send a written request adding your name to the Mortuary Science Interested Parties List to:

REGULATIONS SPECIALIST
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
P.O. Box 110806, Juneau, Alaska 99811-0806



State of Alaska
 Department of Commerce, Community, and Economic Development
 Division of Corporations, Business and Professional Licensing
 PO Box 110806, Juneau, Alaska 99811-0806
 Phone: (907) 465-2550
 Fax: (907) 465-2974

OFFICE USE ONLY

CREDIT CARD PAYMENT

For security purposes, please **do not email or fax** credit card information. Mail this form with the completed renewal to the Division. Completion of this form is not proof of payment until the division processes the information contained herein. If any information on this form is illegible, the form will be rejected. Please print.

Name of Applicant or Licensee: _____
Corporate or Individual (first, middle, last)

License Number (if applicable): _____

Type of License: _____

I wish to make payment by credit card for the following (check all that apply):

	Amount
<input type="checkbox"/> Application fee	_____
<input type="checkbox"/> License (or renewal) fee	_____
<input type="checkbox"/> Fine	_____
<input type="checkbox"/> Other (specify): _____	_____
Total:	_____

Print Name on Credit Card: _____

Complete Mailing Address: _____

Telephone Number: _____

Email Address (optional): _____

Credit Card Type (check one): VISA MASTERCARD

Signature of Credit Card Holder: _____

Card Number: _____ **Expiration Date:** _____

The bottom section of this form will be destroyed upon processing of the payment.