



State of Alaska
Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing
MORTUARY SCIENCES SECTION
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MORTUARY TRAINEE PERMIT RENEWAL APPLICATION

Renewal fee - \$65 (one permit); or \$130 (both permits)

Renewal application for: [ ] Embalmer Trainee [ ] Funeral Director Trainee

Instructions: Make check or money order payable to the State of Alaska. Applicant completes front of form; supervisor must complete reverse side. Please print or type requested information. Renewal period covered: one year from date of renewal.

Name Last First Middle Maiden/Other

Social Security Number Birth Date Sex

Mailing Address City State ZIP Code

Residence Address City State ZIP Code

Telephone - Business Home

Email Address (optional):

Please send correspondence via: [ ] Email [ ] US Mail

I certify that the above information is true and correct to the best of my knowledge. I understand that any false or misleading information may result in failure to renew my trainee permit.

SUBSCRIBED AND SWORN TO before me on

Date Signature of Applicant

Notary Public, State of My commission expires:

(NOTARY SEAL)

SEE REVERSE

FOR OFFICE USE ONLY

Trainee Permit No. Date Issued Date Expires

Disapproved Comments

**Instructions:** If the applicant has checked the "embalmer" box on the front of this application, complete the upper certification. If the applicant is renewing the "funeral director" training permit, complete the lower certification. If this is a combined renewal of both trainee permits, both certifications must be completed.

**EMBALMER: TO BE COMPLETED BY SUPERVISOR**

CERTIFICATION OF SUPERVISION: I, \_\_\_\_\_, certify that I am a licensed embalmer in the State of Alaska holding license number \_\_\_\_\_ and will be supervising the training of \_\_\_\_\_, who has already completed \_\_\_\_\_ hours/months of training. The training will take place at:

Establishment \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP Code \_\_\_\_\_

Funeral Establishment Permit No. \_\_\_\_\_

I certify that the above information is true and correct to the best of my knowledge and I accept full responsibility for the supervision of the above-named trainee. I understand that any false or misleading information may result in failure to renew a trainee permit, or subsequent revocation.

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_

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**FUNERAL DIRECTOR: TO BE COMPLETED BY SUPERVISOR**

CERTIFICATION OF SUPERVISION: I, \_\_\_\_\_, certify that I am a licensed funeral director in the State of Alaska holding license number \_\_\_\_\_ and will be supervising the training of \_\_\_\_\_,

who has already completed \_\_\_\_\_ hours/months of training. The training will take place at:

Establishment \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP Code \_\_\_\_\_

Funeral Establishment Permit No. \_\_\_\_\_

I certify that the above information is true and correct to the best of my knowledge and I accept full responsibility for the supervision of the above-named trainee. I understand that any false or misleading information may result in failure to renew a trainee permit, or subsequent revocation.

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_