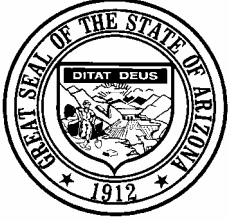


ARIZONA STATE BOARD OF FUNERAL DIRECTORS &
EMBALMERS



APPLICATION FOR CREMATIONIST LICENSE

Full Name _____ SS# _____ Phone No. _____
Address _____
City _____ State _____ Zip _____
Mailing Address (if different) _____ Zip _____
Place of Employment _____ Phone No. _____
Prior Names or Aliases _____
Date and Location of Birth _____

CERTIFICATION: _____

EDUCATION/TRAINING

Location _____

Initial Application Fee: \$85.00

Cremationist License Fee: \$85.00

Annual Renewal Fee: \$85.00

A cremationist license expires on August 1, annually.

Fingerprint card and fingerprint check fee if not previously completed: \$24.00

BACK GROUND REVIEW

Yes No

- | | | |
|--|-------|-------|
| 1. With the exception of a drivers license, have you ever had an license
or registration denied, suspended or revoked? (see #4 below) | _____ | _____ |
| 2. Have you ever been convicted of a felony? (see #5 below) | _____ | _____ |
| 3. Have you ever been convicted of a misdemeanor? (see #5 below) | _____ | _____ |

WHERE NECESSARY, SUBMIT THE FOLLOWING INFORMATION ON A
SEPARATE SHEET AND ENCLOSE WITH THIS APPLICATION

4. If the answer is to #1 above is YES, provide the date, the name of the State, the type of action taken, the cause of the action and its status.
5. If the answer to #2 above is YES, provide a statement which contains your name, address, current telephone number; nature of charges; court of jurisdiction; city and state; date of conviction; name, address and phone number of probation officer, Advise if civil rights have been restored and provide such evidence, if applicable.

AFFIDAVIT BY APPLICANT

I, _____, understand that all documents submitted as a requirement of this application are made part of this application and that any false statements contained herein or any false documents submitted herewith constitute cause for suspension or revocation of any license or registration granted by this Board.

I have read the forgoing application and know the contents thereof, and the matters and things therein stated are true and correct.

Signature of Applicant

Duly acknowledged, subscribed and sworn to before me this _____ day of _____ 20____.

Notary Public

This section to be completed by personal endorsement certification.

I, _____, hereby state that I have known _____ the responsible cremationist for _____ years. I certify that I am familiar with and can vouch for the applicant's good character, reputation, employment, and professional ability. I recommend this application be accepted.

Signature of Endorsee

Address

Duly acknowledged, subscribed and sworn to before me this _____ day of _____ 20____

Notary Public

THIS APPLICATION IS INCOMPLETE IF ALL ANSWERS ARE NOT PROVIDED AS REQUESTED