



APPLICATION FOR FUNERAL DIRECTOR COURTESY CARD

State Form 54983 (R5 / 10-18)

**STATE BOARD OF FUNERAL AND CEMETERY SERVICE
PROFESSIONAL LICENSING AGENCY**
 402 West Washington Street, Room W072
 Indianapolis, Indiana 46204-2700
 Telephone: (317) 234-3031
 E-mail: pla12@pla.IN.gov
 Website: www.pla.in.gov

- INSTRUCTIONS:**
1. The fee for this application is \$150.00, payable to the Indiana Professional Licensing Agency, in accordance with 832 IAC 2-1-2.
 2. Completed application and fees should be mailed to the address listed in the upper right hand corner of this form.
 3. All fees are non-refundable and non-transferable.
 4. Please refer to the instructions on our website, www.pla.in.gov, for the licensing requirements.
 5. Request Certification of License from all states licensed as a Funeral Director.
 6. Certification must be sent from the State directly to the above mailing or e-mail address.

* Your Social Security number is being requested by this state agency in accordance with IC 4-1-8-1. Disclosure is mandatory and this record cannot be processed without it.

FOR OFFICE USE ONLY

Application fee	Date fee paid (month, day, year)	Receipt number
License number	Date license issued (month, day, year)	License obtained by

DO NOT WRITE ABOVE THIS LINE

IDENTIFYING INFORMATION

Name of applicant (first, middle initial, last)		Social Security number *
Address (number and street, city, state, and ZIP code)		
Telephone number ()	E-mail address	Date of birth (month, day, year)
Pursuant to IC 12-32-1-5 and IC 12-32-1-6, I swear under the penalty of perjury that: (Please select one of the following.) <input type="checkbox"/> I am a United States Citizen. <input type="checkbox"/> I am a qualified alien (as defined under 8 U.S.C. § 1641).		
Are you the spouse of a member of the military who is assigned to a duty station in Indiana? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No		

LICENSING INFORMATION

You must hold a valid license in a bordering state that issues a courtesy card or similar permits to funeral directors licensed in Indiana to qualify for a funeral director courtesy card.

State licensed as a funeral director	License number
State licensed as a funeral director	License number
State licensed as a funeral director	License number
State licensed as a funeral director	License number

CERTIFICATION

If your answer is "Yes" to any of the following, explain fully in a sworn affidavit, including all related details, and provide copies of all relevant arrest or court documents. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application.

Have you ever committed an act that would constitute a violation under IC 25-1-11?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever committed an act for which you could be disciplined under IC 25-8-14?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court,</i>	
(1) have you ever been arrested;	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state;	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) have you ever been convicted of any offense, misdemeanor, or felony in any state;	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) have you ever pled <i>nolo contendere</i> to any offense, misdemeanor, or felony in any state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever held an Indiana funeral director license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
I certify that I personally completed this application and that the answers appearing hereon are true and correct to the best of my knowledge. I understand that providing fraudulent information may be grounds for refusal to issue the license for which I am applying, or for disciplinary action against the license which may be issued. I certify that I have reviewed and understand the State Board of Funeral and Cemetery Service statutes and rules.	
Signature of applicant	Date (month, day, year)