



APPLICATION FOR FUNERAL DIRECTOR LICENSE BY RECIPROCITY

State Form 45265 (R9 / 9-17)

Approved by State Board of Accounts, 2017

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

- INSTRUCTIONS:**
1. The fee for this application is \$100.00 (a \$50.00 application / license fee and a \$50.00 examination fee), payable to the Indiana Professional Licensing Agency, in accordance with 832 IAC 2-1-2 (d) and (k).
 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.

* This agency is requesting disclosure of your Social Security Number 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 issued	Date license issued (month, day, year)	License obtained by

DO NOT WRITE ABOVE THIS LINE

Name of applicant		Social Security number *	
Address (number and street, city, state, and ZIP code)			
Date of birth (month, day, year)		Place of birth (city and state)	
Telephone number ()	State(s) originally licensed by	Embalmer number(s)	Funeral license number
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)		Are you an active duty member of the military? (Optional)	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Attached is certification of licensure by said state(s), a certified copy of college transcripts or department of mortuary science diploma, and a copy of the National conference Examination passing scores.

I acknowledge that after my application is reviewed and approved by the State Board of Funeral and Cemetery Service, I will be scheduled for the next available Funeral Director Examination.

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.

1. Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court,
 - (1) have you ever been arrested; Yes No
 - (2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state; Yes No
 - (3) have you ever been convicted of any offense, misdemeanor, or felony in any state; Yes No
 - (4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or Yes No
 - (5) have you ever pled *nolo contendere* to any offense, misdemeanor, or felony in any state? Yes No
2. Have you ever had any complaint filed against you with the State Board of Funeral and Cemetery Service or with the Funeral and Cemetery Board of any other state? Yes No

I do hereby certify that I am the above named applicant, that I have personally prepared the foregoing application, and that the same is true and correct to the best of my knowledge and belief. 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.

Signature of applicant	Date (month, day, year)
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