



Katie Hobbs
Governor

Arizona State Board of Funeral Directors & Embalmers

Executive Director, Natasha Culbertson

<https://funeralboard.az.gov/>

1740 W. Adams Suite 3006

Phoenix Arizona 85007

602.542.3095

Request to Reactivate License ONLY for Funeral Director and/or Embalmer

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| | This form must be uploaded to the service request to reactivate your license and payment for the following will need to be submitted online. |
| | Reactivate Fee: \$50.00 |
| | Exam Fee: \$80.00 *Required State Laws and Rules Exam for Funeral Director and Embalmers are offered every Thursday at 10:00 a.m. (except holidays). Email Board staff the date that is convenient for you and you will be sent a scheduled confirmation. |
| | Fingerprint Fee: \$22.00 *Fingerprint Card should be mailed directly to the Board office |

| | | |
|-------------------------|---------------|-----------------|
| Full name: | License Type: | License #: |
| Prior names or aliases: | | |
| Address: | City | State Zip |
| Email Address: | | |
| Date of Birth: | City: | State: Country: |
| Cell Phone#: | | |

Answer the following questions, you must supply supporting documentation for each affirmative answer **YES or NO**

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| Have you within five years from the date of the application, committed any act involving dishonesty, fraud, misrepresentation, breach of fiduciary duty, gross negligence, or incompetence reasonably related to the applicant's proposed area of licensure? | |
| Have you within five years from the date of the application had an application for a license, registration, certificate, or endorsement denied or rejected by any state funeral licensing authority? | |
| Have you ever surrendered a license, registration, certificate, or endorsement to the board or any state funeral licensing authority? | |

Enter the name of the Arizona Establishment you plan to work at:

I hereby attest to the Board that I am the applicant named on this form; the answers provided with this form are true and correct,

Signature _____ Date _____