



Doug A. Ducey
Governor

LICENSE VERIFICATION REQUEST FORM

Notice to Applicant:

You are required to send this form to each statutorily appointed licensing agency or board that issued or refused to issue you a professional or occupational license or certificate. It is your responsibility to correctly identify yourself to that agency or board and pay them a fee, if any, for remitting the information to the State of Arizona.

Applicants Name: _____

Applicant's prior name or alias's: _____

I hereby authorize you to send directly to the State of Arizona Funeral Directors & Embalmers the information requested herein

Signature _____ Date _____

Following Information to be completed by the Licensing Agency or Board

| | License # | Date Issued | Expiration Date |
|----------------------------------|-----------|-------------|-----------------|
| Embalmer | | | |
| Funeral Director | | | |
| Mortuary Services (dual license) | | | |
| Cremationist | | | |
| | | | |

How Qualified

Yes/No

| | |
|--|--|
| Verified Completed Mortuary Science Program? | |
| Verified National Conference Exams? | |
| Internship Required? | |
| Embalmer Internship Required? | |
| Licensed by Reciprocity or Endorsement? | |
| Is License in good Standing? | |
| Is an action pending or has any action been taking against the applicant? If yes provide information regarding any action pending or taken against the applicant | |

| | | |
|--------------------------|-------------|------------|
| Name of Agency or Board: | | |
| Address: | | |
| City: | State: | Zip: |
| Print Name: | | |
| Signature: _____ | Title _____ | Date _____ |

Return this document by email in pdf format: info@funeralboard.az.gov
Or you can mail to the address below.
Arizona State Board of Funeral Directors & Embalmers
1740 W. Adams Suite 3006
Phoenix, AZ 85007

STATE SEAL