



Arizona State Board of Funeral Directors & Embalmers
www.funeralboard.az.gov

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Doug A. Ducey
Governor

PREARRANGED FUNERAL SALESPERSON VERIFICATION

INSTRUCTIONS: TO APPLY OR RENEW, THE FUNERAL DIRECTOR SHOULD COMPLETE AND NOTARIZE THIS FORM, THEN RETURN TO THE APPLICANT. THE APPLICANT IS REQUIRED TO SUBMIT (UPLOAD) THIS COMPLETED FORM TO THE E-LICENSING PORTAL.

Print applicants name: _____, will be employed or engaged by the undersigned as a seller of prearranged funeral agreement if this license is issued.

Name of Establishment:		
Location:		
City:	State	Zip
Phone Number:	Endorsement Number:	
Email Address		
Print Name:	License Number: FUN-	
I, _____, am the Responsible Funeral Director for the above named funeral establishment and hereby verify that this applicant will be employed here.		
Signature:		

Subscribed and Sworn to Before a Notary Public:
State of _____ County of _____

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public Signature _____
My Notary Commission Expires _____

(OFFICIAL STAMP)