

## Funeral Director/Embalmer Intern Application

Funeral and cemetery establishments can use this form to apply for or renew a license, transfer a sponsor, or get a duplicate license.

FOR VALIDATION ONLY

Select one:

- Embalmer intern – **\$135 original application, \$100 renewal**
- Funeral director intern – **\$135 original application, \$100 renewal**
- Transfer of sponsor – **no fee**
- Duplicate license – **\$25**

**When a fee is required**, send this completed form and a check or money order for the fee payable to the State Treasurer to:  
**Funeral and Cemetery Licensing, Department of Licensing, PO Box 9048, Olympia, WA 98507**

**When no fee is required**, send this completed form to:  
**Funeral and Cemetery Licensing, Department of Licensing, PO Box 9012, Olympia, WA 98507**

PRINT or TYPE Applicant name		Date of birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address (residence or mailing)				
City		State	ZIP code	County
(Area code) Daytime telephone number		Social Security number*		
Other names you have been known by				
Transfer/Reinstatement applicants only: Name of previous supervisor		Transfer/Reinstatement applicants only: Name of previous employing funeral home		

The funeral director and embalmer professions are regulated under RCW 18.39. For each "Yes" response below, attach a letter of explanation, certified copies of records and orders from the agencies concerned, decisions and statements of charges, final orders, court records or filings or convictions, and all other related documentation.

1. Within the past ten years, have you been convicted of a crime, misdemeanor or felony in this state, or any other state, by the federal government or any other jurisdiction? . . . . .  Yes  No
2. Excluding traffic citations, within the past ten years, have you been found guilty in a criminal, civil, administrative agency, professional association or certifying agency disciplinary action, or have you agreed to a stipulation or settlement resulting from a disciplinary action? . . . . .  Yes  No
3. Has any professional or occupational license, certification or permit held by you, been fined, suspended, revoked, refused or denied in this state, any other state, by the federal government or any other jurisdiction? . . . . .  Yes  No
4. Do you presently have a criminal complaint or indictment pending against you in this state, any other state, by the federal government or any other jurisdiction? . . . . .  Yes  No

1. Do you authorize all institutions or organizations, past and present employers, past and present business and professional associates, and all local, state, federal, or foreign government agencies to release any information, files or records requested by the Funeral and Cemetery Board in connection with processing this application? . . . . .  Yes  No
2. Have you read RCW 18.235.130? . . . . .  Yes  No

*I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

\_\_\_\_\_ **X** \_\_\_\_\_  
 Date and place Signature

\*RCW 26.23.150 requires you to furnish your Social Security number when you apply for this license. Resident aliens, without a Social Security number, must furnish their Individual Tax Identification number.

**Providing false information in this application may constitute cause for the denial, suspension, or revocation of your registration to practice as a funeral director/embalmer in Washington State.**

**Once filed, this application is a public record and is subject to public disclosure. RCW 42.56**

**Sponsorship for embalmer interns and funeral director interns**

To be completed by current supervisor

Name of embalmer's supervisor's		Embalmer's license number	
Name of funeral director's supervisor's		Funeral director's license number	
Name of funeral establishment			
Funeral establishment address			
City	State	ZIP code	County
Name of individual you agree to sponsor		Sponsoring as <input type="checkbox"/> Embalmer intern <input type="checkbox"/> Funeral director Intern	
<p>In accordance with WAC 308-48:</p> <ul style="list-style-type: none"> <li>• Are you located in and do you work in the same licensed establishment as the intern? . . . . . <input type="checkbox"/> Yes   <input type="checkbox"/> No</li> <li>• Have you been a Washington licensed embalmer/funeral director for more than one year? . . . . . <input type="checkbox"/> Yes   <input type="checkbox"/> No</li> <li>• Are you the sponsor of no more than three interns? . . . . . <input type="checkbox"/> Yes   <input type="checkbox"/> No</li> <li>• Do you agree to be responsible for the work done by interns registered under your supervision? . . . . . <input type="checkbox"/> Yes   <input type="checkbox"/> No</li> </ul>			
<p><i>I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i></p>			
_____	<b>X</b>	_____	
Date and place		Signature of embalmer's supervisor	
_____	<b>X</b>	_____	
Date and place		Signature of funeral director's supervisor	

**Transfer of sponsorship**

I release my sponsorship of:	
_____	as an <input type="checkbox"/> Embalmer intern <input type="checkbox"/> Funeral director intern
Name and license number of intern	
_____	<b>X</b>
Date and place	Signature of embalmer's supervisor
_____	<b>X</b>
Date and place	Signature of funeral director's supervisor