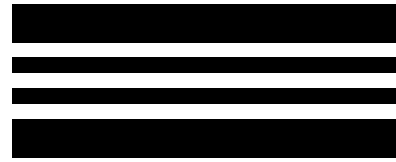




WASHINGTON STATE DEPARTMENT OF
LICENSING

**Funeral Directors/Embalmers
Verification of
Out-of-State License**



Applicant instructions

Send a copy of this form to each state board where you have been licensed.



24001-SUPPORTING

State licensing board

The individual named below is applying for a license to practice as a funeral director and/or embalmer in Washington State. We need you to verify that our applicant is or has been licensed in your state. Please complete this form and return it to:

Scan and email: Funerals@dol.wa.gov

Or mail: **Funeral and Cemetery Board
Department of Licensing
PO Box 9012
Olympia, WA 98507**

For questions or language help call: (360) 664-1555

Applicant—Applicant complete this section

Name		Date of birth (mm/dd/yyyy)	
Address			
City	State	ZIP code	States of initial license and/or exam
(Area code) Phone number	Email		

Verification—Issuing jurisdiction complete this section

License information
The applicant named above was licensed as:

	Certificate number	Date issued	Valid until
<input type="checkbox"/> Funeral director	_____	_____	_____
<input type="checkbox"/> Embalmer	_____	_____	_____
<input type="checkbox"/> Mortician (dual license)	_____	_____	_____

Basis of licensure

National Board examination

Reciprocity (state): _____

State examination
Please list exam subjects and scores (attach separate sheets if needed):

Answer the following

1. Has any disciplinary action ever been taken against the applicant? Yes No
If yes, please explain (attach separate sheets if needed):

2. Has the applicant satisfied the requirements of the disciplinary action? Yes No
If no, please explain:

I declare that the foregoing is true and correct to the best of my knowledge.

TYPE or PRINT Name (Area code) Phone number

Title Certifying state/jurisdiction

X

Signature