

Funeral Director and LICENSING Embalmer Academic Intern Registration Application

Students in an accredited college funeral service education program can use this form to apply for academic intern registration. This form must be completed and filed at the beginning of your academic internship. No fee is required for the intern registration.

"Academic Intern" refers to any student enrolled in an accredited college funeral service education program who is serving a 3-month internship at a participating Washington State funeral establishment, as required for graduation from the program. The academic internship cannot exceed a period of 3 months.



Internships must be served in accordance with the guidelines established by the funeral service education program.

Apply online: https://professions.dol.wa.gov

Or by mail: If no fee required,

send completed form to:

Funeral and Cemetery Licensing Department of Licensing

PO Box 9012 Olympia WA 98507 If a fee is required (print fee), send completed form and a check or money order, payable to Department of

Licensing, to:

Funeral and Cemetery Licensing

Department of Licensing PO Box 35001

Olympia WA 98124-3401

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

Licenses are available for self-print		n online account. a \$5 print fee for each copy is required.	
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Applicant			
TYPE or PRINT Name as you would like it to a	appear on you	ur license	
Full legal name (First, Middle, Last)			
Date of birth (mm/dd/yyyy)		Social Security number*	
10-digit phone number	Email		
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Address, City, State, ZIP code (Residence, mailing, or business)			
Military? (check if applicable)	. —		
Current or former: Military member Military spouse or domestic partner			
Funeral service education school attended			
Funcional actabilishment where intermedia will be			lutous stout data
Funeral establishment where internship will be served			Intern start date
Address, City, State, ZIP code			
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*You are not required to have a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN or TIN) to apply for or be issued a license. If you do not have a SSN or ITIN, leave that section blank. If you do have a SSN, ITIN or TIN, you are required by federal and state law to provide it on the application (42 U.S.C. 666(a)(13) and RCW 74.20A.320).

Legal background Answer the following Answer the questions below. If you answer "Yes," attach a detailed explanation. 1. Within the last 5 years, in this state or any other jurisdiction, have you had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional 2. Within the last 5 years, in this state or any other jurisdiction, have you defaulted, or been convicted of, or entered a plea of no contest to a gross misdemeanor or felony crime? Certification Answer the following 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 2. Have you read RCW 18.235.130? □ Yes ☐ No I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

Providing any false information in this application may be cause for denial, suspension, or revocation of your professional license in the state of Washington.

TYPE or PRINT Name

Applicant signature

Date and place