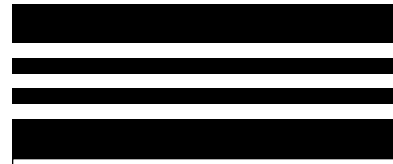




# Embalmer Renewal Application



Renew your Embalmer License.

Online: [professions.dol.wa.gov/](http://professions.dol.wa.gov/)

Or mail this completed form and a check or money order (payable to the Department of Licensing) to:

**Funeral and Cemetery Licensing  
Department of Licensing  
PO Box 3777  
Seattle, WA 98124-3777**



**Late renewal fees are due if license is renewed more than 30 days after license expiration date.**

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

### Fees

Embalmer—\$150 (Late renewal \$185)

Licenses are available for self-printing with an online account.

If you want us to print and mail your license add a \$5 print fee for each copy to your payment.

\$0 self-print license online.

\$5 each. DOL print and mail license. Quantity \_\_\_\_\_ Total \$ \_\_\_\_\_

### Applicant information

TYPE OR PRINT Name (Last, First, Middle)			
Date of birth (mm/dd/yyyy)		License number	
Mailing address			
City		State	ZIP code
(Area code) Phone number	Email		
Professional development			
1. Have you completed a total of five professional development hours within the last year? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Do you understand these hours are subject to audit? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No			

### 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 or occupational license, certification, or permit held by you? . . . . .  Yes  No

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? (Don't include traffic convictions.) . . . . .  Yes  No

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

\_\_\_\_\_  
Date and place

\_\_\_\_\_  
TYPE or PRINT Name

**X**  
Signature

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