



# Funeral Director Intern Renewal Application



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### Applicant information

TYPE OR PRINT Name (Last, First, Middle)		License number	
Mailing address			
City		State	ZIP code
(Area code) Phone number	Email		

### 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

### Professional development

Answer the following

Have you completed a total of five professional development hours within the last year and do you understand these hours are subject to audit?  Yes  No

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

_____	TYPE or PRINT Name
_____	<b>X</b> Signature
_____	Date and place

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