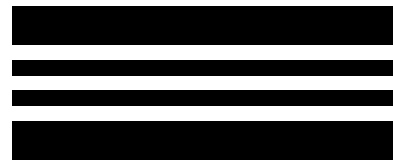




Embalmer Intern Transfer of Sponsorship Application



Use this form to transfer sponsorship of your Embalmer Intern License.

Apply online at: www.dol.wa.gov/business/funeralcemetery/emupdate.html



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

Or email: funerals@dol.wa.gov

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

Applicant information

TYPE or PRINT Name (<i>Last, First, Middle</i>)		License number	
Mailing address			
City		State	ZIP code
(Area code) Phone number	Email		

Release of sponsorship

I release my sponsorship of _____ as an embalmer intern license number _____.	
	_____ TYPE or PRINT Name of embalmer intern's previous sponsor X _____ Signature of embalmer intern's previous sponsor
Date and place	

Transfer of sponsorship—To be completed by new sponsor

TYPE or PRINT Name of embalmer intern's sponsor (<i>Last, First, Middle</i>)		Sponsor's embalmer license number	
Name of funeral establishment			
Funeral establishment address			
City	State	ZIP code	County
Name of individual you agree to sponsor		Sponsoring as Embalmer intern	
Answer the following In accordance with WAC 308-48: 1. Are you located in and do you work in the same licensed establishment as the intern? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Have you been a Washington licensed embalmer/funeral director for more than one year? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Are you the sponsor of no more than three interns? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Do you agree to be responsible for the work done by interns registered under your sponsorship? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Declaration <i>I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.</i>			
		_____ TYPE or PRINT Name of embalmer intern's sponsor X _____ Signature of embalmer intern's sponsor	
Date and place			