

**State of Arkansas**  
**APPLICATION FOR OUT OF STATE LICENSURE**  
**EMBALMERS AND/OR FUNERAL DIRECTORS**

\$150 Embalmers App. Fee \_\_\_\_\_  
\$150 Funeral Directors App. Fee \_\_\_\_\_

\*\*\*\*Please print or type

Name \_\_\_\_\_ SSN \_\_\_\_\_

I request out of state licensure for Embalmers \_\_\_\_\_ Funeral Director \_\_\_\_\_  
CHECK ONE OR BOTH

Date of Birth \_\_\_\_\_ Place \_\_\_\_\_  
Month Day Year City State

Current Mailing Address \_\_\_\_\_  
Street City State Zip

Phone ( ) \_\_\_\_\_

US Citizen Yes or No \_\_\_\_\_ Naturalized Yes or No \_\_\_\_\_ If so Date \_\_\_\_\_

High School Grad/G.E.D. \_\_\_\_\_ Date of Graduation \_\_\_\_\_  
City State

College/University Attended \_\_\_\_\_  
School Years Attended

Mortuary School Attended \_\_\_\_\_  
School Date of Graduation

**I CURRENTLY HOLD:**

Embalmers Licenses No \_\_\_\_\_ State of \_\_\_\_\_ Date of License \_\_\_\_\_

Funeral Director License No. \_\_\_\_\_ State of \_\_\_\_\_ Date of License \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If so, please attach explanation

Have you previously resided in Arkansas \_\_\_\_\_ Dates \_\_\_\_\_

**Check one that applies:**

I Own \_\_\_\_\_ / I am Employed by \_\_\_\_\_

Name of Funeral Home \_\_\_\_\_

City & State \_\_\_\_\_

I promise and agree that if this application is accepted and I should be granted a license(s) to practice Embalming/Funeral Directing in the State of Arkansas I will conduct myself in a professional manner, maintaining the honor and integrity of Funeral Service, and I will obey all Laws, Rules and Regulations of the State of Arkansas. Additionally, I understand that if I have made any false statements in the above application, the Board may consider suspension or revocation.

**SIGNATURE** \_\_\_\_\_

**Note:** Your signature on this application authorizes this Board to conduct a background investigation on you to include, but not limited to, inquiries from appropriate law enforcement agencies.

**Name of Applicant** \_\_\_\_\_ **the above named person, personally known to me, signed the application in my presence and being duly sworn he/she states that he/she read the above application and that the answers are true and correct to the best of his/her knowledge and belief.**

**This** \_\_\_\_\_ **Day of** \_\_\_\_\_ **Year of** \_\_\_\_\_

**STATE OF** \_\_\_\_\_

**COUNTY OF** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Notary Public / My Commission Expires** \_\_\_\_\_

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### **RULE VIII – LICENSE REQUIREMENTS FOR OUT OF STATE LICENSURE**

Any Person Holding A Valid, Non-revoked And Non-expired License As An Embalmer And Or Funeral Director In Another State, U. S. Territory, Or Provincial Authority, May Apply For A License To Practice In This State As An Embalmer Or Funeral Director, Or Both. Application Shall Be Made By Filing With The Secretary-Treasurer Of The Board A Certified Statement From The Secretary Of The Examining Board Of The State, U. S Territory Or Provincial Authority In Which The Applicant Holds His Or Her License Showing The Basis Upon Which The License Was Issued. Upon Receipt Of The Application, The Secretary Of The Board May **ISSUE TEMPORARY WORKING NUMBERS**, Which Are Valid For One Year From The Date Of Issuance. To Obtain A License, The Applicant Shall Pass An Exam To Prove His Or Her Proficiency, Including At Least, But Not Limited To, Knowledge Of The Laws, Rules And Regulations Of This State Pertaining To Funeral Service. The \*Exam May Be Taken At One of the Regularly Scheduled Exam Sessions Set By the Board. If The Board Is Satisfied With The Proficiency Of The Applicant, Upon Receipt Of The Prescribed Fees In 17-29-208, A License May Be Granted.

- The Board Administers Exams four times (4) a year in January, April, July and October

**RECOMMENDATION**

I, the undersigned licensed embalmer \_\_\_\_\_funeral director\_\_\_\_\_, hereby certify that I have been personally acquainted with \_\_\_\_\_ of \_\_\_\_\_  
For \_\_\_\_\_years, and that I know him/her to a person of good moral character and worthy of favorable recognition by the Arkansas State Board of Embalmers & Funeral Directors, and I further certify that \_\_\_\_\_ is qualified to receive a license as an Embalmer/Funeral Director in the State of Arkansas.

Embalmer # \_\_\_\_\_ Funeral Director # \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_ Signature \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I, the undersigned licensed embalmer \_\_\_\_\_funeral director\_\_\_\_\_, hereby certify that I have been personally acquainted with \_\_\_\_\_ of \_\_\_\_\_  
For \_\_\_\_\_years, and that I know him/her to a person of good moral character and worthy of favorable recognition by the Arkansas State Board of Embalmers & Funeral Directors, and I further certify that \_\_\_\_\_ is qualified to receive a license as an Embalmer/Funeral Director in the State of Arkansas.

Embalmer # \_\_\_\_\_ Funeral Director # \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_ Signature \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**NOTE: THIS PAGE MUST BE COMPLETED AND SIGNED BY TWO (2) LICENSED EMBALMERS/FUNERAL DIRECTORS. THE EMBALMERS/FUNERAL DIRECTORS SHOULD, WHERE POSSIBLE, BE LICENSED IN ARKANSAS.**

**Return this application to:**

**Arkansas State Board of Embalmers & funeral Directors  
101 East Capitol, Suite 113  
Little Rock, AR 72201**

**CERTIFICATE OF STATE ENDORSEMENT**

I, \_\_\_\_\_ Secretary of \_\_\_\_\_  
State Board of \_\_\_\_\_ hereby  
certify that \_\_\_\_\_ was granted Embalmers # \_\_\_\_\_  
on the \_\_\_\_\_ day of \_\_\_\_\_ year of \_\_\_\_\_ and Funeral Directors # \_\_\_\_\_  
on the \_\_\_\_\_ day of \_\_\_\_\_ year of \_\_\_\_\_, upon examination by the Board on  
the required subjects.

Examination Scores: National Conference \_\_\_\_\_ State Embalmers \_\_\_\_\_  
State Funeral Directors \_\_\_\_\_ Other \_\_\_\_\_

I further certify that \_\_\_\_\_ licenses are current, in good standing and  
that According to the files in this office, said applicant's licenses have not been revoked or  
suspended.

**REMARKS IF ANY:**

\_\_\_\_\_  
\_\_\_\_\_

Witness my hand and seal of said Board

Signed \_\_\_\_\_

Seal

Secretary of the \_\_\_\_\_

Board of \_\_\_\_\_

Address \_\_\_\_\_

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

THIS SECTION MUST BE COMPLETED BY STATE BOARD AND RETURNED DIRECTLY TO:

**ARKANSAS STATE BOARD OF EMBALMERS AND FUNERAL DIRECTORS**

101 EAST CAPITOL, SUITE 113

LITTLE ROCK, AR 72201

(501) 682-0574

FAX: (501) 682-0575