



STATE OF NEVADA
FUNERAL AND CEMETERY SERVICES BOARD

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Apprentice Embalmer Request for Change in Preceptor

Apprentice Embalmer Information			
Full Legal Name:			Certificate No.
Mailing Address:		City:	State: Zip:
Phone Number: <input type="checkbox"/> Home <input type="checkbox"/> Cell		E-mail Address:	
Prior Preceptor and License No.		New Preceptor and License No.	Effective Date:

Employment Information			
Name of Employer:			
Work Mailing Address:		City:	State: Zip:
Phone Number: <input type="checkbox"/> Work <input type="checkbox"/> Cell		Work E-mail Address:	

Preceptor Affidavit for Registration as Apprentice Embalmer

In accordance with NRS 642.642.190, applicant for a certificate of registration as a registered apprentice embalmer must submit an affidavit from preceptor confirming that applicant shall enter upon duties as soon as the certificate is granted.

I, _____, hereby state that I am a licensed embalmer in the State of Nevada with license number _____, and that I will serve as the preceptor for _____.

Additionally, I certify that I will submit the required reporting forms to the Board pursuant to NRS 642.240.

 Signature of Preceptor _____
 Date

State of Nevada
 County of _____

Signed and sworn to (or affirmed) before me on this _____ day of _____, in the year _____ by _____.

 Notary Public Seal

For Board Use Only:			
<input type="checkbox"/> Date Received:		<input type="checkbox"/> Database Updated:	