



STATE OF NEVADA
FUNERAL AND CEMETERY SERVICES BOARD

3740 Lakeside Drive, Suite 201, Reno, Nevada 89509

Phone (775) 825-5535 * Fax (775) 507-4102

Email: nvfuneralboard@fb.nv.gov * Website: <http://funeral.nv.gov/>

EMBALMER LICENSE RENEWAL

Information and Instructions

To renew your license, complete this renewal application form and submit it, along with any documents required in the form and the renewal fees, to the Board at the address provided above. Your renewal is due January 1, 2024.

Required Documents

- ☐ Completed Application: Applications must be completed in full. Incomplete applications will not be processed.
- ☐ Criminal History Form/Legal History Form: Use this form to report any criminal or legal events that occurred since the last license was last issued. This form may be found on the Board website.
- ☐ Fee: A check or money order made payable to the "Nevada Funeral and Cemetery Services Board" in the amount of \$200 must be submitted with this renewal application. If paying by credit card, you must renew online.

Please note that renewal applications received after February 1st will be charged a late renewal fee of \$275. The late renewal fee will not be waived.

Applicant Information

Full Legal Name:		License No.:
Home Mailing Address:		
City:	State:	Zip Code:
Phone Number:	E-mail Address:	

Place of Employment:		
Work Mailing Address:		
City:	State:	Zip Code:
Phone Number:	E-mail Address:	

Preferred Mailing Address (all Board correspondence will be sent to this address):	<input type="checkbox"/> Home	<input type="checkbox"/> Work
--	-------------------------------	-------------------------------

Military History Questions

Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from service under conditions other than dishonorable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Embalmer License Renewal Application

Continuing Education Courses

Have you completed at least 12 hours of approved continuing education pursuant to NRS 642.416 and/or NRS 642.120?

☐ Yes

☐ No

Course Title: _____

Course Sponsor: _____

Dates Attended: _____ Units: _____

Course Sponsor: _____

Course Title: _____

Dates Attended: _____ Units: _____

Course Sponsor: _____

Course Title: _____

Dates Attended: _____ Units: _____

Course Sponsor: _____

Course Title: _____

Dates Attended: _____ Units: _____

NOTE: Do Not submit CE documents with this renewal application. Pursuant to regulation, licensees must retain a certificate of completion awarded for completing a course of study or training for continuing education for five (5) years after completion of the course of training. A copy of the certificate must be submitted to the Board upon request to verify completion of the course of study or training. Failure to provide the requested certificate(s), if requested, may subject the licensee to disciplinary action. Any false, incorrect or misleading statement(s) on this form may subject the licensee to disciplinary action.

Business License Information (Mandatory)- Please check ONE appropriate answer. Any individual working as independent contractor may be subject to business license requirement.

- ☐ I do NOT have a Nevada business license number and AM NOT required to have one under the provisions of NRS Chapter 76.
- ☐ I do NOT have a Nevada Business License number and AM required to have one under the provisions of NRS Chapter 76.
- ☐ I have a Nevada business license number assigned by the Secretary of State upon compliance with the provisions of NRS Chapter 76.

Child Support Information - Please check ONE appropriate answer. **An answer is mandatory.**

- ☐ I am not subject to a court order for the support of a child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- ☐ I am subject to a court order for the support of one or more children and am NOT in compliance with the order or plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Embalmer License Renewal Application

Legal Information

Since the date the last license was issued, has there been any legal or disciplinary action taken against any professional license held in any state for any reason?

☐ Yes ☐ No

Are there any pending legal actions, complaints, investigations or hearings concerning you in progress?

☐ Yes ☐ No

Since the date the last license was issued, have you had a professional license, certification or registration denied, restricted, suspended, or revoked?

☐ Yes ☐ No

Since the date the last license was issued, have you relinquished or surrendered any license, permit or certificate while under investigation, or after initiation of a disciplinary proceeding?

☐ Yes ☐ No

(If you answer "YES" to any of the above questions, a Legal Reporting Form must be completed. This form is available on Board website.)

Since the date the last license was issued have you been convicted of, or pled guilty or nolo contendere to, a violation of ANY federal or state statute, city or county ordinance, or any law of a foreign country? (Excluding minor traffic violations.) If "yes" is checked, a "Criminal History Form" must be completed by each person for whom this answer applies. This form is available on the Board's website.

☐ Yes ☐ No

Declaration of Applicant

I hereby declare under penalty of perjury, that all of the information supplied herein is to the best of my knowledge true, accurate and complete, and I have not withheld, misrepresented, or falsely stated any information relevant to this application.

Signature of Applicant

Date

For Board Use Only:

Date Received: _____ Amount Paid: _____ Ref. #: _____

Date Mailed: _____