



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/>

Application and Instructions for Funeral Arranger Licensure

Eligibility for Licensure

Any individual wishing to become licensed in the State of Nevada as a Funeral Arranger must be at least 18 years of age, be of good moral character, pass the Nevada Laws, Rules and Regulation (NVLRR) examination, complete this application and submit all required documentation with a \$375.00 application fee. Once the Board receives all required documentation, a background check will be completed, and the application will be reviewed.

Required Documents

- Completed Application:** Applications are required to be completed in full and must be signed. An incomplete application will not be accepted and may be returned to the applicant. Omissions or fraudulent answers may be grounds for denial of application.
- Testing:** Applicants for licensure as a Funeral Arranger must have passed the Nevada Law, Rules, and Regulations (NVLRR) exam provided through The International Conference of Funeral Service Examining Boards ("The Conference"). Testing authorization form can be found on Board website.
- Nevada Business License:** Individuals who are self-employed or working as independent contractors are required to comply with Nevada business licensing requirements if applicable. Information is available through the Secretary of State's Office or www.nvsilverflume.gov.
- Criminal History Form and/or Legal Reporting Form:** These documents must be completed if applicant has a criminal history or legal information to report. Forms can be found on Board website or mailed upon request.
- Full Face Photograph of Applicant:** Please submit a 2" x 2" full face photograph with application.
- Fee:** A non-refundable payment in the amount of \$375 must be submitted at time of application. Acceptable forms of payment include, check, money order or credit card and payable to the "Nevada Funeral and Cemetery Services Board."

Instructions for Completing Your Application

- Successfully pass the NVLRR examination (the Funeral Board must receive exam score report prior to licensure).
- Complete the Funeral Arranger Licensure application, and submit all required documents, including exam score reports, criminal history or legal reporting forms if required.
- Once all required information has been received by the Board, allow **ten (10) days** for processing the application. When the application process is complete, if approved, the applicant will receive an approval letter with license.
- The application may need to be reviewed by the Board at the next Board meeting depending on information submitted or obtained by the Board. If a review at a Board meeting is required, applicant will be notified of the date, time and location of the meeting.

Mail, Email or Fax Completed Application with Fees to:

Nevada Funeral and Cemetery Services Board
3740 Lakeside Drive, Suite 201
Reno, NV 89509
(775) 825-5535 – Fax: (775) 507-4102
Email: nvfuneralboard@fb.nv.gov

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Applicant Information

| | | | |
|---|--|-----------------|---|
| Full Legal Name: | | | |
| Home Mailing Address: | | City: | State: Zip: |
| Phone Number: <input type="checkbox"/> Home <input type="checkbox"/> Cell | | E-mail Address: | |
| Social Security Number: | | Date of Birth: | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |

| | |
|--|-----------------|
| Citizenship: <input type="checkbox"/> US Citizen <input type="checkbox"/> Authorized to Work in the US | Place of Birth: |
| List all prior names used by applicant: | |

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: | |

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

Address History – Please list places of residence for the last 10 years – attach additional sheets if necessary

| | | | | |
|------------------------------|-------|-------|------------------------------|-------------------------------|
| 1. Current Physical Address: | | City: | State: | Zip: |
| <i>Dates of Residence:</i> | From: | To: | <input type="checkbox"/> Own | <input type="checkbox"/> Rent |
| 2. Prior Physical Address: | | City: | State: | Zip: |
| <i>Dates of Residence:</i> | From: | To: | <input type="checkbox"/> Own | <input type="checkbox"/> Rent |
| 3. Prior Physical Address: | | City: | State: | Zip: |
| <i>Dates of Residence:</i> | From: | To: | <input type="checkbox"/> Own | <input type="checkbox"/> Rent |
| 4. Prior Physical Address: | | City: | State: | Zip: |
| <i>Dates of Residence:</i> | From: | To: | <input type="checkbox"/> Own | <input type="checkbox"/> Rent |
| 5. Prior Physical Address: | | City: | State: | Zip: |
| <i>Dates of Residence:</i> | From: | To: | <input type="checkbox"/> Own | <input type="checkbox"/> Rent |
| 6. Prior Physical Address: | | City: | State: | Zip: |
| <i>Dates of Residence:</i> | From: | To: | <input type="checkbox"/> Own | <input type="checkbox"/> Rent |
| 7. Prior Physical Address: | | City: | State: | Zip: |
| <i>Dates of Residence:</i> | From: | To: | <input type="checkbox"/> Own | <input type="checkbox"/> Rent |

Application and Instructions for Funeral Arranger Licensure

Professional Employment History (5 years) – attach additional sheets if necessary

| | | | | | |
|----------------------|--|-----------------------------|--------|-------|-----|
| 1. Current Employer: | | <i>Dates of Employment:</i> | | From: | To: |
| Title: | | Duties: | | | |
| Address: | | City: | State: | Zip: | |
| Phone Number: | | Fax #: | | | |

| | | | | | |
|-----------------------|--|-----------------------------|--------|-------|-----|
| 2. Previous Employer: | | <i>Dates of Employment:</i> | | From: | To: |
| Title: | | Duties: | | | |
| Address: | | City: | State: | Zip: | |
| Phone Number: | | Fax #: | | | |

| | | | | | |
|-----------------------|--|-----------------------------|--------|-------|-----|
| 3. Previous Employer: | | <i>Dates of Employment:</i> | | From: | To: |
| Title: | | Duties: | | | |
| Address: | | City: | State: | Zip: | |
| Phone Number: | | Fax #: | | | |

| | | | | | |
|-----------------------|--|-----------------------------|--------|-------|-----|
| 4. Previous Employer: | | <i>Dates of Employment:</i> | | From: | To: |
| Title: | | Duties: | | | |
| Address: | | City: | State: | Zip: | |
| Phone Number: | | Fax #: | | | |

| | | | | | |
|-----------------------|--|-----------------------------|--------|-------|-----|
| 5. Previous Employer: | | <i>Dates of Employment:</i> | | From: | To: |
| Title: | | Duties: | | | |
| Address: | | City: | State: | Zip: | |
| Phone Number: | | Fax #: | | | |

Professional Licensing History -- attach additional sheets if necessary

| | | | |
|--|---------------------|------------------------------|-----------------------------|
| Are you now or have you ever been licensed, certified or registered as an Embalmer or Funeral Director in any other jurisdiction? <i>If yes, please list all licenses below.</i> | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been licensed or are you currently licensed in this State or any other state for any profession? <i>If yes, please list all licenses below.</i> | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| State/Jurisdiction | License Type | License # | Date of Issue |
| | | | |
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| | | | |

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Examination of Applicant

Verification of successful completion of testing through The International Conference must be complete prior to issuance of license. Applicant must take and pass the Nevada Law, Rule and Regulation Exam.

Have you taken and passed the Nevada Law, Rule and Regulation Exam (NVLRR)? Yes No

Date NVLRR exam was taken: _____ Score: _____

If you have completed the required testing, please make sure an "Official Certified Score Report" is sent to the Board office directly from The Conference.

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? Yes 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? Yes 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? Yes No

Nevada Business License Information- Please Check ONE appropriate answer.

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.

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.

Legal Information

Has there ever been a complaint filed, investigation, or legal action taken against any professional license you have held for any reason? Yes No

Are there any pending legal actions, complaints, investigations or hearings concerning you in process? Yes No

Have you ever had any professional license, certification or registration denied, restricted, suspended, or revoked? Yes No

Have you ever relinquished responsibilities, resigned a position or been fired while a complaint was pending against you? Yes No

(If you answer "YES" to any of the above questions, a Legal Reporting Form must be completed. Form can be found on Board website or mailed upon request.)

Have you ever 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? (Exclude minor traffic violations.) *(If you answer "YES" to this question, a Criminal History Form must be completed. Form can be found on Board website or mailed upon request.)* Yes No

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Certification and Signature

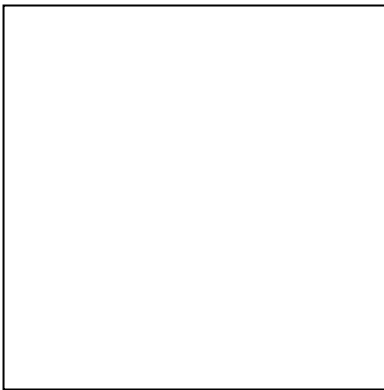
The undersigned hereby applies for a license under the laws and regulations governing funeral and cemetery services and certifies that all statements and documents contained herein are true and correct to the best of his/her knowledge and belief, that he/she is the person named in the credentials submitted, and the same were procured in the regular course of instruction and examination, without fraud or misrepresentation; and with full knowledge that all statements made in this application may be subject to investigation, and may include a check for fingerprints, police records, and former employers. Applicant understands that if any responses on this application are false, fraudulent, misleading, inaccurate or incomplete, the application may be denied. Applicant further understands that if a license is issued and it is later determined that false or misleading information was provided, the license may be revoked.

Applicant agrees to allow the Nevada Funeral and Cemetery Services Board ("Board") to communicate with any person in connection with this application, and understands that any information submitted, including this application, may be deemed a public record with the exception of any information deemed confidential by statute or regulation.

Signature of Applicant

Date

Print Name



Applicant Photo – (Attach a 2" x 2" photo)

For Board Use Only:

| | | | |
|---|----|--|--|
| <input type="checkbox"/> Date Received: | | <input type="checkbox"/> Date App Complete | |
| <input type="checkbox"/> Fee Paid: | \$ | <input type="checkbox"/> Approved | |
| <input type="checkbox"/> Ref. No.: | | <input type="checkbox"/> Denied | |
| <input type="checkbox"/> Issue Date: | | <input type="checkbox"/> Withdrawn | |
| <input type="checkbox"/> Date License Mailed: | | <input type="checkbox"/> License No.: | |

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Credit Card Payment Information

Payment Method

Applicant Name: _____



Amount: \$ _____

Name on Credit Card: _____

Credit Card Number: _____

Expiration Month/Year _____

Billing Address _____

Billing City, State & Zip _____

Email for Receipt: _____

Authorization

Signature: _____

By providing my signature, I authorize payment in the above amount to the Nevada Funeral and Cemetery Services Board for the above application.