



State of Nevada  
**FUNERAL AND CEMETERY SERVICES BOARD**

501 Hammill Lane, Reno, Nevada, 89511  
Phone (775) 825-5535 \* Email [nvfuneralboard@fb.nv.gov](mailto:nvfuneralboard@fb.nv.gov)

## Application and Instructions for Funeral Arranger Licensure

### Eligibility and Information

Any individual wishing to become licensed in the State of Nevada as a Funeral Arranger must complete this application and submit all required documentation with a \$375.00 application fee. Once the Board receives all needed documentation, a background check will be completed and the application will be reviewed by the Board during a public meeting.

### Required Documents

Completed Application: Applications are required to be completed in full and must be signed and notarized.

Testing: Applicants for Licensure as a Funeral Arranger must have completed the Nevada Law, Rules, and Regulations Exam provided through The Conference.

Nevada Business License: Individuals who are self-employed or working as independent contractors are required to comply with Nevada business licensing requirements. Information is available through the Secretary of State's Office or [www.nvsilverflume.gov](http://www.nvsilverflume.gov).

Applicant Request to Release Information: This document must be signed and notarized in order for the Board to obtain any necessary information to conduct a background investigation. Form can be found on Board website or mailed upon request.

Criminal History Form: This document must be completed if applicant has a criminal history. Form can be found on Board website or mailed upon request.

Full Face Photograph of Applicant: Please submit with application.

Fee: A non-refundable check or money order made out to the "Nevada Funeral and Cemetery Services Board" in the amount of \$375 must be submitted at time of application.

### Applicant Information

Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street / P.O. Box City State Zip

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

\_\_\_\_ US Citizen

\_\_\_\_ Authorized to Work in the US

List all prior names used by applicant: \_\_\_\_\_

**Address History**

1. Current Physical Address: \_\_\_\_\_  
Street / P.O. Box

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Dates of Residence* From: \_\_\_\_\_ To: \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_

2. Prior Physical Address: \_\_\_\_\_  
Street / P.O. Box

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Dates of Residence* From: \_\_\_\_\_ To: \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_

3. Prior Physical Address: \_\_\_\_\_  
Street / P.O. Box

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Dates of Residence* From: \_\_\_\_\_ To: \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_

4. Prior Physical Address: \_\_\_\_\_  
Street / P.O. Box

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Dates of Residence* From: \_\_\_\_\_ To: \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_

5. Prior Physical Address: \_\_\_\_\_  
Street / P.O. Box

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Dates of Residence* From: \_\_\_\_\_ To: \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_

**Military History Questions**

If you have ever served in the United States Military, please check branch(es) of service below:

- |  |  |
|--|--|
| <input type="checkbox"/> Army/Army Reserve                 | <input type="checkbox"/> Navy/Navy Reserve               |
| <input type="checkbox"/> Air Force/Air Force Reserve       | <input type="checkbox"/> Coast Guard/Coast Guard Reserve |
| <input type="checkbox"/> Marine Corps/Marine Corps Reserve | <input type="checkbox"/> National Guard                  |

Military Occupation Specialty/Specialties: \_\_\_\_\_

Date(s) of Service: From: \_\_\_\_\_ To: \_\_\_\_\_

Are you currently a spouse of an active military service member? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Professional Licensing History**

Are you now or have you ever been licensed, certified or registered as an Apprentice Embalmer, Embalmer or Funeral Director in this State or any other jurisdiction? \_\_\_\_\_ Yes \_\_\_\_\_ No

State/Jurisdiction: \_\_\_\_\_ License# \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

1. Current Employer: \_\_\_\_\_ Start Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street / P.O. Box City State Zip

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

2. Previous Employer: \_\_\_\_\_ Start Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street / P.O. Box City State Zip

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

3. Previous Employer: \_\_\_\_\_ Start Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street / P.O. Box City State Zip

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**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? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date exam was taken: \_\_\_\_\_ Score: \_\_\_\_\_

**Legal Information – Explain any “YES” answers on a separate sheet of paper**

Has there ever been a complaint filed, investigation, or legal action taken against your professional license for any reason? *(If you answer “yes” to this question, a Legal Reporting Form must be completed. Form can be found on Board website or mailed upon request.)* \_\_\_\_\_ Yes \_\_\_\_\_ No

Are there any pending legal actions, complaints, investigations or hearings concerning you in process? *(If you answer “yes” to this question, a Legal Reporting Form must be completed. Form can be found on Board website or mailed upon request.)* \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever had a professional license, certification or registration denied, restricted, suspended, or revoked? *(If you answer “yes” to this question, a Legal Reporting Form must be completed. Form can be found on Board website or mailed upon request.)* \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever relinquished responsibilities, resigned a position or been fired while a complaint was pending against you? *(If you answer “yes” to this question, a Legal Reporting Form must be completed. Form can be found on Board website or mailed upon request.)* \_\_\_\_\_ Yes \_\_\_\_\_ No

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.) \_\_\_\_\_ Yes \_\_\_\_\_ No

*(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.)*

**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.

**Nevada Business License Information - Check appropriate answer. An Answer is mandatory.**

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.

**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

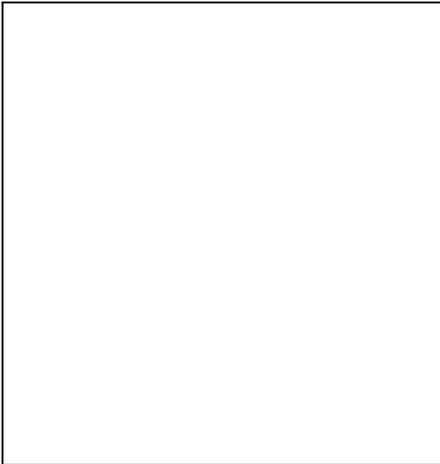
\_\_\_\_\_  
Print Name

SUBSCRIBED AND SWORN BEFORE ME

This \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

Seal



Applicant Photo

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**For Board Use Only:**

Date Received: \_\_\_\_\_ Check Number: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Date License Issued: \_\_\_\_\_ License Number: \_\_\_\_\_

Rev. 6/24/2015



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**Applicant Request to Release Information**

1. I, \_\_\_\_\_ hereby authorize and request all persons to whom this request is presented, having information relating to or concerning me, including a criminal background investigation if necessary, to furnish such information to any duly appointed agent of the Nevada Funeral and Cemetery Services Board whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.
2. I hereby authorize and request all persons to whom this request is presented, having documents relating to or concerning me, to permit any duly appointed agent of the Nevada Board of Funeral and Cemetery Services to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.
3. I do, for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the person to whom this request is presented, and his agents and employees from any and all manners of action, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have, or claim to have against the person to whom this request is presented to his agents or employees arising out of or by reason of complying with this request.
4. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.
5. A reproduction of this request shall be for all intents and purposes as valid as the original.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

SUBSCRIBED AND SWORN BEFORE ME

This \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

Seal