



State of Nevada
FUNERAL AND CEMETERY SERVICES BOARD

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

Funeral Director License Renewal Application

Information and Instructions

Any individual wishing to renew a funeral director's license must complete this application form and submit to the Board with required documents and fees by January 1st.

Required Documents

Completed Application: Applications are required to be completed in full. Incomplete applications will not be processed.

Criminal History Form: This document must be completed if there have been any criminal events to report since the last license was issued. Form may be found on Board website or mailed upon request.

Fee: A non-refundable check or money order made out to the "Nevada Funeral and Cemetery Services Board" in the amount of \$200 must be submitted with renewal application.

Please note that renewal applications received after February 1st will be assessed an additional \$275 late fee for a total renewal amount of \$475 and in no case shall the late renewal fee be waived.

If you are a funeral director approved to manage more than one establishment, an additional fee of \$75 for each additional establishment will be added to process duplicate copies of your license.

Applicant Information

Legal Name (as it appears on license): _____

Mailing Address: _____
Street / P.O. Box City State Zip

Email Address: _____ Phone #: _____

Funeral Director License #: _____ Social Security Number: _____

Date of Original Licensure as a Funeral Director in the State of Nevada: _____

Date of Birth: _____ Place of Birth: _____ Sex: _____

US Citizen

Authorized to Work in the US

Business/Employer Name: _____

Business Address: _____
Street / P.O. Box City State Zip

Military History Questions

If you have ever served in the United States military, please check branch(es) of service below:
Army/Army Reserve Navy/Navy Reserve
Air Force/Air Force Reserve Coast Guard/Coast Guard Reserve
Marine Corps/Marine Corps Reserve 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 Embalmer or Funeral Director in any other jurisdiction? _____ Yes _____ No

State/Jurisdiction: _____ License # _____ Issue Date: _____ Expiration Date: _____

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Legal Information – Include a separate written summary of any “Yes” answers

Since the date of your last license renewal, has there been legal or disciplinary action taken against any professional license you’ve held for any reason? Yes No

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

Since the date of your last license renewal, have you had a professional license, certification or registration denied, restricted, suspended, or revoked? Yes No

Since the date of your last license renewal, have you relinquished responsibilities, resigned a position or been fired while a complaint was pending against you? Yes No

Since the date of your last license renewal 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? (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.)

Approved Managing Funeral Director – Please list each establishment that you are currently approved to manage by the Board.

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.

Name on business license: _____

Business license #: _____

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

For Board Use Only:

Date Received: _____

Amount Paid: _____

Check Number: _____

Date License Issued: _____