



State of Nevada
FUNERAL AND CEMETERY SERVICES BOARD

3740 Lakeside Drive, Suite 201, Reno, Nevada, 89509
Phone (775) 825-5535 * Email nvfuneralboard@fb.nv.gov

Reactivation of Inactive Funeral Director License Application and Instructions

Eligibility and Information

A licensee whose license has been placed on inactive status and wishes to reactivate such license shall submit this application with all required documents to demonstrate that they are qualified and competent to practice with a \$375 fee.

Required Documents

Completed Application for Reactivation of Inactive License: Applications are required to be completed in full and must be signed and notarized.

Testing: Applicant must request certified copies of any National or State Board Exam scores 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.

Previously issued license: Applicant must provide a copy of the most recent license.

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. Document 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.

\$175 Reactivation Fee plus \$200 Renewal Fee = **\$375.00 Total Due Per License**

Note: Additional Documents may be required to demonstrate that you are qualified and competent to practice. The Board shall notify you of any additional requirements.

Applicant Information

Legal Name (as it appears on license):		License #:
Mailing Address (all Board correspondence will be sent to this address):		
City:	State:	Zip Code:
Phone Number	Fax Number	E-mail Address:

Professional Licensing History

Are you now or have you ever been licensed, certified or registered as a Funeral Director or Embalmer in 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 /End Date: _____

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

Phone #: _____ Fax #: _____

3. Previous Employer: _____ Start/End Date: _____

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

Phone #: _____ Fax #: _____

Address History- Please list places of residence for the last 5 years

1. Current Physical Address: _____
Street / P.O. Box

_____ City State Zip

Dates of Residence From: _____ To: _____

2. Prior Physical Address: _____
Street / P.O. Box

_____ City State Zip

Dates of Residence From: _____ To: _____

3. Prior Physical Address: _____
Street / P.O. Box

_____ City State Zip

Dates of Residence From: _____ To: _____

Military History Questions

- Have you ever or are you currently serving in the United States Military? Yes No
- Are you currently a spouse of an active military service member? Yes No

Legal Information

- | | |
|---|--|
| Since the date the last license was issued, have you had any legal action taken against any professional license held for any reason? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are there any pending legal actions, complaints, investigations or hearings concerning applicant in process? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Since the date the last license was issued, have you had a professional license, certification or registration denied, restricted, suspended, or revoked? | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 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. Form may be found on the Board website or mailed upon request. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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 ma 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 - Please check ONE 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

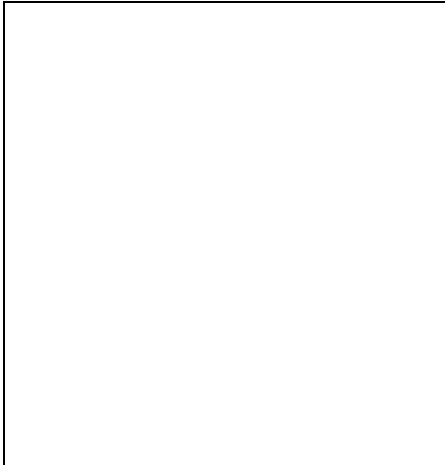
Print Name

SUBSCRIBED AND SWORN BEFORE ME

This _____ day of _____, in the year _____.

Notary Public

Seal



Applicant Photo

For Board Use Only:

Date Received: _____

Amount Paid: _____

Check Number: _____

Date License Issued: _____