



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)

**Certificate of Registration as Apprentice Embalmer Renewal Application**

**Information and Instructions**

Any individual wishing to renew a Certificate of Registration as an Apprentice Embalmer must complete this application form and submit to the Board with renewal fee of \$200. Applications may be filled out online, printed, signed, and mailed to the Board at the address on this application. Please note that pursuant to NRS 642.300 the Certificate of Registration may only be renewed once.

**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 applicant has any criminal events to report since the last certificate 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.

**Applicant Information**

Legal Name (as it appears on certificate): \_\_\_\_\_

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

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

Business/Employer Name: \_\_\_\_\_

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

Certificate of Registration #: \_\_\_\_\_ Social Security Number \_\_\_\_\_

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

US Citizen

Authorized to Work in the US

## 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 Apprentice Embalmer, Embalmer or Funeral Director in any other jurisdiction?      Yes      No

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

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

*Since the date your last Certificate of Registration as an Apprentice Embalmer was issued:*

Have there been legal or disciplinary actions taken against any professional license you've held for any reason?      Yes      No

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

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

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

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.)*

## Preceptor Information

Name of Licensed Embalmer which apprentice is serving under (preceptor): \_\_\_\_\_

License Number: \_\_\_\_\_ Current with submission of reports?      Yes      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 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: \_\_\_\_\_