



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/>

Request for Inactive License Status

Eligibility and Information

A licensee in good standing may request to have their license placed on inactive status in accordance with NRS 642.115 and 642.455.

Required Documents

- Completed Request for Inactive Status: Form must be completed in full and submitted to the Board.
- Fee: A non-refundable payment in the amount of \$175 must be submitted with each request at time of application. Acceptable forms of payment include, check, money order or credit card and made payable to the "Nevada Funeral and Cemetery Services Board." If the request is to place both a funeral director and an embalmer license on inactive status, a total of \$350 must be submitted with the request.

NOTE: Once license is placed on inactive status, licensee is no longer authorized to practice the profession of funeral directing, arranging or embalming in the State of Nevada until a request to reactivate a license is approved.

Licensee Information

Full Legal Name:

Mailing Address (all Board correspondence will be sent to this address):

City:

State:

Zip:

Phone Number:

E-mail Address:

License Information

<input type="checkbox"/>	FUNERAL ARRANGER	NV License No.:	Original Issue Date:
	Inactive Status Fee: \$175		Expiration Date:
<input type="checkbox"/>	FUNERAL DIRECTOR	NV License No.:	Original Issue Date:
	Inactive Status Fee: \$175		Expiration Date:
<input type="checkbox"/>	EMBALMER	NV License No.:	Original Issue Date:
	Inactive Status Fee: \$175		Expiration Date:

Declaration of Applicant

By signing below, I hereby declare that I am aware that I am not authorized to practice the profession of embalming, funeral directing, or arranging while holding an inactive license. I also understand that prior to reactivation of any license, the Board may require demonstration that the licensee is qualified and competent to practice.

Signature

Date

Print Name

Request for Inactive License Status

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.

For Board Use Only:

<input type="checkbox"/> Date Received:		<input type="checkbox"/> License No.	
<input type="checkbox"/> Fee Paid:		<input type="checkbox"/> Inactive Date:	
<input type="checkbox"/> Ref. No.:			