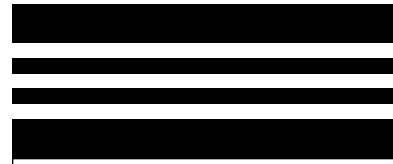




Funeral Director/Embalmer Intern Application



Apply for a Funeral Director or Embalmer Intern license.

Apply online: <https://professions.dol.wa.gov>

Or mail this completed form to:
Funeral and Cemetery Licensing
Department of Licensing
PO Box 35001
Seattle, WA 98124-3401



For questions or language help call: (360) 664-1555

Select one

- Embalmer intern – \$182 original application
- Funeral director intern – \$182 original application

Licenses are available for self-printing with an online account.
 If you want us to print and mail your license add a \$5 print fee for each copy to your payment.

- \$0 self-print license online.
- \$5 each. DOL print and mail license. Quantity _____ Total \$ _____

Applicant

TYPE or PRINT Name as you would like it to appear on your license			
Full legal name <i>(First, Middle, Last)</i>			
Date of birth <i>(mm/dd/yyyy)</i>		Social Security number*	
10-digit phone number	Email		
Address <i>(residence or mailing)</i>			
City	State	ZIP code	County
Military? <i>(check if applicable)</i> Current or former: <input type="checkbox"/> Military member <input type="checkbox"/> Military spouse or domestic partner			
Other names you have been known by			
Transfer/Reinstatement applicants only: Name of previous sponsor		Transfer/Reinstatement applicants only: Name of previous employing funeral home	

*You are not required to have a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN or TIN) to apply for or be issued a license. If you do not have an SSN or ITIN, leave that section blank. If you do have a SSN, ITIN or TIN, you are required by federal and state law to provide it on the application (42 U.S.C. 666(a)(13) and RCW 74.20A.320).

Legal background

Answer the following
 Answer the questions below. If you answer "Yes," attach a detailed explanation.

1. Within the last 5 years, in this state or any other jurisdiction, have you had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, or permit held by you? Yes No
2. Within the last 5 years, in this state or any other jurisdiction, have you defaulted, or been convicted of, or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic convictions.) Yes No

Certification

Answer the following

- 1. Do you authorize any business associates (past and present) and any governmental agencies local, state, or federal) to release to the Funeral and Cemetery Board any information, files, or records which may be required for a background investigation? Yes No
- 2. Have you read RCW 18.235.130? Yes No

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

TYPE or PRINT Name

X

Signature

Date and place

Providing false information in this application may constitute cause for the denial, suspension, or revocation of your professional license in the State of Washington.

Sponsorship for embalmer interns and funeral director interns—To be completed by current sponsor

Name of embalmer intern's sponsor		Sponsor's embalmer license number	
Name of funeral director intern's sponsor		Sponsor's funeral director license number	
Name of funeral establishment			
Funeral establishment address			
City	State	ZIP code	County
Name of individual you agree to sponsor		Sponsoring as <input type="checkbox"/> Embalmer intern <input type="checkbox"/> Funeral director intern	
Answer the following In accordance with WAC 308-48: • Are you located in and do you work in the same licensed establishment as the intern? <input type="checkbox"/> Yes <input type="checkbox"/> No • Have you been a Washington licensed embalmer/funeral director for more than one year? <input type="checkbox"/> Yes <input type="checkbox"/> No • Are you the sponsor of no more than three interns? <input type="checkbox"/> Yes <input type="checkbox"/> No • Do you agree to be responsible for the work done by interns registered under your sponsorship? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.</i>			
_____		TYPE or PRINT Name of embalmer intern's sponsor	
Date and place		X	
_____		Signature of embalmer intern's sponsor	
_____		TYPE or PRINT Name of funeral director intern's sponsor	
Date and place		X	
_____		Signature of funeral director intern's sponsor	

Transfer of sponsorship

I release my sponsorship of:	
_____ as an <input type="checkbox"/> Embalmer intern <input type="checkbox"/> Funeral director intern	
Name and license number of intern	

TYPE or PRINT Name of embalmer intern's previous sponsor	
X	
Signature of embalmer intern's previous sponsor	

Date and place	

TYPE or PRINT Name of funeral director intern's previous sponsor	
X	
Signature of funeral director intern's previous sponsor	

Date and place	