



State of Alaska
 Department of Commerce, Community, and Economic Development
 Division of Corporations, Business and Professional Licensing
 P.O. Box 110806, Juneau, Alaska 99811-0806
 Telephone: (907) 465-2691
 E-mail: license@alaska.gov

BIENNIAL FUNERAL DIRECTOR LICENSE RENEWAL
 January 1, 2009 – December 31, 2010

Biennial Renewal Fee – \$160

Return this renewal form as soon as possible, for renewal processing before December 31, 2008.

IT IS TIME TO RENEW YOUR FUNERAL DIRECTOR LICENSE

Your license to practice as a Funeral Director in the State of Alaska expires on December 31, 2008. It is illegal for you to practice if your license has expired. There is no grace period. To renew your license for the period January 1, 2009, through December 31, 2010, return this **signed** application to the above address with a check or money order payable to the State of Alaska. This is the only renewal notice you will receive. An incomplete application or insufficient fee will result in your renewal being rejected.

NAME CHANGE

If you have had a legal name change since your last license was issued, enclose a certified true copy of the legal document (marriage certificate, divorce decree, etc.) as proof of the change.

EXPIRED LICENSES

There is no "inactive" license status. Licenses which have expired more than five years cannot be renewed.

SOCIAL SECURITY NUMBERS

AS 08.01.100 requires that a U.S. social security number be on file with the division before a professional license is renewed for an individual.

PAYMENT OF CHILD SUPPORT AND STUDENT LOANS

If the Alaska Commission on Postsecondary Education has determined you are in loan default or if the Alaska Child Support Enforcement Division has determined you are in arrears on child support, you will be issued a nonrenewable temporary license valid for 150 days. Contact Postsecondary Education at 1-800-441-2962 or (907) 465-2962 or Child Support Services at (907) 269-6657 if your last name begins with A – M; Contact (907) 269-6845 if your last name begins with N – Z; or 1-800-478-3300 to resolve payment issues.

PUBLIC INFORMATION

Please be aware that all information on this renewal form will be available to the public unless required to be kept confidential by state or federal law.

STATUS CHECK

Information about current licensees, including mailing addresses, is available from the Division's website at www.commerce.state.ak.us/occ under "Professional License Search."

CHECK APPROPRIATE LICENSE STATUS BOX

To determine your applicable renewal fee, refer to your license number on the mailing label of this form.

FUNERAL DIRECTOR

Funeral Director License Number 1 through 359

Renewal fee \$160.00

Funeral Director License Number 360 and above

Renewal fee \$80.00

Name: _____ Social Security #: _____
Last First Middle

Corrected Mailing Address (complete only if your address is different than the address label shown above):

Street or P.O. Box City State ZIP Code

Daytime Telephone #: _____ Date of Birth: _____ License #: _____

Are you currently employed as a Funeral Director? Yes No

If "Yes," Name of Establishment: _____

PROFESSIONAL FITNESS

The following questions must be answered. "Yes" answers may not automatically result in license denial.

	<u>YES</u>	<u>NO</u>
Since the date of your last application for an Alaska Funeral Director license:		
1. Have you had your license denied, revoked, suspended, surrendered, placed on probation, or been the subject of any restriction, censure, reprimand, or other disciplinary action in any jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been convicted of any criminal offense other than a minor traffic violation?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you violated a state law or regulation, municipal ordinance or regulation or federal law or regulation affecting the disposition of a dead human body, or contracts relating to the disposition of a dead human body?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes" to any of the above questions, please explain dates and circumstances on a separate piece of paper, and send copies of any supporting documents that are applicable (court records, etc.).

WARNING: The Department may deny, suspend, or revoke the license of a person who has obtained or attempted to obtain a license to practice as a Funeral Director by fraud or deceit. The person may also be subject to criminal charges for unsworn falsification (AS 11.56.210).

I certify that the information in this application is true and correct.

SIGN HERE < _____
Applicant's Signature Date

NOTIFICATION OF PROPOSED REGULATIONS CHANGES

If you would like to receive notice of all proposed Mortuary Science regulation changes, please send a written request adding your name to the Mortuary Science Interested Parties List to:

REGULATIONS SPECIALIST
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
P.O. Box 110806, Juneau, Alaska 99811-0806



State of Alaska
 Department of Commerce, Community, and Economic Development
 Division of Corporations, Business and Professional Licensing
 PO Box 110806, Juneau, Alaska 99811-0806
 Phone: (907) 465-2550
 Fax: (907) 465-2974

OFFICE USE ONLY

CREDIT CARD PAYMENT

For security purposes, please **do not email** credit card information. Fax or mail this form to the Division. Completion of this form is not proof of payment until the division processes the information contained herein. If any information on this form is illegible, the form will be rejected. Please print.

Name of Applicant or Licensee: _____
Corporate or Individual (first, middle, last)

License Number (if applicable): _____

Type of License: _____

I wish to make payment by credit card for the following:
(check all that apply)

- | | Amount |
|---|--------|
| <input type="checkbox"/> Application fee | _____ |
| <input type="checkbox"/> License (or renewal) fee | _____ |
| <input type="checkbox"/> Fine | _____ |
| <input type="checkbox"/> Other (specify): _____ | _____ |

Total: _____

Print Name on Credit Card: _____

Complete Mailing Address: _____

Telephone Number: _____

Signature of Credit Card Holder: _____

Credit Card Type (check one): VISA MASTERCARD

Card Number: _____

Please provide the 3-digit security code number from the back of the card: _____

Expiration Date: _____