

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

**MORTUARY TRAINEE PERMIT RENEWAL APPLICATION**

Renewal fee - \$65 (one permit); or \$130 (both permits)

Renewal application for:  Embalmer Trainee  Funeral Director Trainee

**Instructions:** Make check or money order payable to the State of Alaska. Applicant completes front of form; supervisor must complete reverse side. Please print or type requested information. Renewal period covered: one year from date of renewal.

Name \_\_\_\_\_  
Last First Middle Maiden/Other

Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

Mailing Address \_\_\_\_\_  
City State ZIP Code

Residence Address \_\_\_\_\_  
City State ZIP Code

Telephone – Business \_\_\_\_\_ Home \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

I certify that the above information is true and correct to the best of my knowledge. I understand that any false or misleading information may result in failure to renew my trainee permit.

SUBSCRIBED AND SWORN TO before me on

Date \_\_\_\_\_  
Signature of Applicant

Notary Public, State of \_\_\_\_\_  
My commission expires: \_\_\_\_\_

(NOTARY SEAL)

**SEE REVERSE**

**FOR OFFICE USE ONLY**

Trainee Permit No. \_\_\_\_\_ Date Issued \_\_\_\_\_ Date Expires \_\_\_\_\_  
Disapproved \_\_\_\_\_ Comments \_\_\_\_\_

**Instructions:** If the applicant has checked the "embalmer" box on the front of this application, complete the upper certification. If the applicant is renewing the "funeral director" training permit, complete the lower certification. If this is a combined renewal of both trainee permits, both certifications must be completed.

**EMBALMER: TO BE COMPLETED BY SUPERVISOR**

CERTIFICATION OF SUPERVISION: I, \_\_\_\_\_, certify that I am a licensed embalmer in the State of Alaska holding license number \_\_\_\_\_ and will be supervising the training of \_\_\_\_\_, who has already completed \_\_\_\_\_ hours/months of training. The training will take place at:

Establishment \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP Code \_\_\_\_\_

Funeral Establishment Permit No. \_\_\_\_\_

I certify that the above information is true and correct to the best of my knowledge and I accept full responsibility for the supervision of the above-named trainee. I understand that any false or misleading information may result in failure to renew a trainee permit, or subsequent revocation.

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_

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**FUNERAL DIRECTOR: TO BE COMPLETED BY SUPERVISOR**

CERTIFICATION OF SUPERVISION: I, \_\_\_\_\_, certify that I am a licensed funeral director in the State of Alaska holding license number \_\_\_\_\_ and will be supervising the training of \_\_\_\_\_, who has already completed \_\_\_\_\_ hours/months of training. The training will take place at:

Establishment \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP Code \_\_\_\_\_

Funeral Establishment Permit No. \_\_\_\_\_

I certify that the above information is true and correct to the best of my knowledge and I accept full responsibility for the supervision of the above-named trainee. I understand that any false or misleading information may result in failure to renew a trainee permit, or subsequent revocation.

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_