



APPLICATION FOR REGISTRATION APPRENTICE FUNERAL DIRECTOR

DEMOGRAPHICS

Applicant Name: (Last, First, MI)		
Address:	Social Security No.:	
City:	Day/Work Phone:	Birth date:
State, Zip:	Email:	

EDUCATION

Type	School	Date of Graduation/ Type of Degree
Undergraduate		
Other education:		
Other additional information		

EMPLOYMENT

Present Funeral Establishment Employer:		
Employer Address:		
City:	State:	Zip:
Phone:	Employer email:	

CRIMINAL BACKGROUND

1. Have you ever been convicted of a felony crime or its equivalent?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Are you currently charged or under investigation for a crime which constitutes a felony violation or its equivalent?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

APPLICANT CERTIFICATION: *to be completed by applicant*

<p>I, _____, do hereby certify that I am the person making this application for registration as an apprentice and that the facts and statements herein made are true and correct to the best of my knowledge and belief.</p> <p>I understand that my apprenticeship must consist of diligent attention to work in the course of regular and steady employment for a period of two years (defined as a forty-hour week or longer, and such employment will be subject to reporting to all Federal and State agencies). I understand that I must take an active part in the conducting of thirty-five (35) memorial or funeral services and thirty-five (35) disposition arrangements. I understand that the apprenticeship must be served under supervision at all times by the Licensee-in-Charge or an active licensed funeral director. I understand and agree that upon completion of the apprenticeship that I will notify the Board of the same.</p>	
Witness (other than supervising funeral director/embalmer or funeral service licensee) _____ Date _____	Applicant Signature _____ _____ Date _____

CHILD SUPPORT OBLIGATION

Pursuant to WV Code §48-15-303 each applicant for license must answer the following questions and certify, under penalty of false swearing, that these answers are true and correct. If convicted of false swearing, you can be fined up to \$1000 and in the discretion of the court, confined in jail up to one year, and you shall be adjudged forever incapable of holding any office of honor, trust or profit in this state, or of serving as a juror.

- | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 1. Do you have a child support obligation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. If the answer to question 1, above, is yes, are you in arrearage? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. If the answer to question 2, above, is yes, does your arrearage equal or exceed the amount of child support payable for six (6) months? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Are you the subject of a child support related subpoena or warrant? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

SUPERVISING LICENSEE-IN-CHARGE OR FUNERAL SERVICE LICENSEE

Supervisor/Preceptor Name: (Last, First, MI)

License No(s):

Supervisor Employer:

SUPERVISOR/EMPLOYER CERTIFICATION: *to be completed by supervising funeral director and/or employer*

SUPERVISOR CERTIFICATION:

I, _____, do hereby affirm that I am the holder of a West Virginia Funeral Director or Funeral Service License, which are active and free of any disciplinary action.

The named applicant is regularly employed by me, or my employer, as a full-time employee as an Apprentice, effective on _____, 20____ and is under my supervision.

Witness (other than applicant and must be affiliated with the funeral establishment)

Signature of Supervising LIC or Funeral Service Licensee

Date

Date

EMPLOYER CERTIFICATION:

I, _____ (Employer or Business Representative), _____ (Title) do hereby affirm that the named applicant is employed with my/our business.

Witness (other than applicant and must be affiliated with the funeral establishment)

Employer or Business Representative's signature

Date

Date

ADDITIONAL SUPERVISORS/PRECEPTORS

Other Funeral Director/Embalmers or Funeral Service Licensees may supervise the apprentice when the primary supervisor is unavailable to supervise. These persons must be full-time employees of the funeral establishment where the apprentice is serving his/her apprenticeship.

Will other Funeral Director or Funeral Service Licensees supervise you? Yes No

If you answer yes, a supplemental form will be sent to you for completion.

APPLICANT SIGNATURE

If you make a false statement concerning any question on this application, you may be subject to disciplinary action, including but not limited to, immediate revocation or suspension of your registration.

I _____ hereby certify, under penalties of perjury and false swearing, that the information on this application is true and correct to the best of my knowledge.

Applicant Signature

FEES AND OTHER DOCUMENTS

THE APPLICATION WILL BE PROCESSED UPON RECEIPT OF THIS FORM **AND** ALL DOCUMENTS LISTED BELOW. YOUR APPRENTICE LICENSE WILL BE EFFECTIVE THE DAY OF THE MONTH THE APPLICATION IS PROCESSED AS INDICATED IN YOUR APPRENTICE LETTER.

Attach the following to the application:

1. Fee of \$220.00, payable to "WVBFSE." Fees are not prorated.
2. Plain paper copy of Birth Certificate
3. Photograph
4. Official Transcript from your college or university showing completion of a Bachelor's Degree