



ARKANSAS INSURANCE DEPARTMENT
FUNERAL SERVICES DIVISION | EMBALMERS & FUNERAL DIRECTORS

APPLICATION TO REINSTATE EMBALMER'S LICENSE
INSTRUCTIONS

Section 11: G. 5. Reinstatements | Embalmer's - Reinstatement

5. Reinstatement. Any individual who seeks to reinstate a license issued by this Board shall submit an application to reinstate, along with the reinstatement fee, and shall meet the following requirements:
- a. Was previously licensed by the Board;
 - b. Held his or her license or registration in good standing at the time of licensing or registration;
 - c. Did not have his or her license or registration revoked for an act of bad faith or a violation of a law or rule;
 - d. Is not currently holding a suspended or probationary license, registration, permit, or certification in any other state;
 - e. Is sufficiently competent. Competency may be shown by proficiency testing, letters of recommendation, or both;
 - f. Is able to successfully complete a criminal background check; and
 - g. Has successfully completed at least six (6) hours of continuing education.
6. Reinstatement Fee. In order to reinstate an embalmer, funeral director, or crematory retort operator license which has been expired for thirteen (13) months or longer, the licensee shall pay a reinstatement fee of \$100.00 per license, in addition to the renewal fee for each license being reinstated.

Maximum Total Fees Required to Reinstate (per each license):

	<u>Reinstatement Fees:</u>	\$100.00		
Plus	<u>Renewal Fees:</u>	\$30.00		
			Total Due:	\$130.00 (Per each license being reinstated')

*If you hold a [dual license](#) (funeral director and embalmer), then the total fees required to reinstate are $\$130.00 \times 2 = \mathbf{\$260.00}$

Return Application Paperwork To:

Arkansas Department of Commerce
Arkansas Insurance Department | Funeral Services Division
1 Commerce Way, Suite 502 | Little Rock, AR 72202-2082
Phone (501) 682-0574 | Fax (501) 682-0575
E-Mail: AID.EFD@arkansas.gov



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FUNERAL SERVICES DIVISION | EMBALMERS & FUNERAL DIRECTORS

APPLICATION TO REINSTATE EMBALMER'S LICENSE

APPLICATION FEE(S) DUE: \$130.00 (See the Instructions Page)

IMPORTANT: The way you list your name, city, county, and state in this section will be how those items will appear on your license.

Full Name (First, MI, Last):

City and State of Residence: County of Residence:

Have you been convicted of a felony, since the issuance of your last license? YES NO. If "YES," please attach an explanation to this application form.

I hereby make application to the Arkansas Insurance Department | State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services to reinstate my Embalmer's License. I submit the following information.

Gender: Male Female DOB: Soc. Sec. No.:

Cell Phone: Work Phone: Funeral Home Phone No.

E-Mail Address:

Applicant's Physical Address:

Number/Street City State ZIP Code County

Applicant's Mailing Address: [If different from the Physical Address listed above]

Number/Street/P.O. Box City State ZIP Code County

I will be employed by: Name of Funeral Home

Funeral Home Mailing Address:

Number/Street/P.O. Box City State ZIP Code

I hereby certify that all information and statements contained within this application are true, to the best of my knowledge and belief.

Applicant Signature Application Date

NOTARY PUBLIC:

[Notary Stamp or Seal]

State of County of

Subscribed and sworn to before me this day of, 20.

Notary Public Signature Commission Expiration Date

Mail Completed Application To:

Arkansas Department of Commerce
Arkansas Insurance Department | Funeral Services Division
1 Commerce Way, Suite 502 | Little Rock, AR 72202-2082
Phone (501) 682-0574 | Fax (501) 682-0575
E-Mail: AID.EFD@arkansas.gov

