ARKANSAS INSURANCE DEPARTMENT
FUNERAL SERVICES DIVISION | EMBALMERS & FUNERAL DIRECTORS

APPLICATION TO REINSTATE EMBALMER OR FUNERAL DIRECTOR'S LICENSE | INSTRUCTIONS

17 CAR § 30-404. License renewals and reinstatements.

- **Send Color Photo with completed application.**

(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)(i) Is sufficiently competent.
(ii) Competency may be shown by:
(a) Proficiency testing;
(b) Letters of recommendation; or
(c) 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 one hundred dollars ($100) per license, in addition to the renewal fee for each license being reinstated.

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

Reinstatement Fees:	$100.00	(Due at the time of Reinstatement Application)
Renewal Fees:	$30.00	(IF delinquent **less than** 3 years - **Due at the time of Reinstatement Application**)
ASP-122 Background:	$22.00	(Due at the time of Reinstatement Application)
	Total Due:	**$152.00** (Per each license being reinstated*)

*If you are applying for multiply licenses at the same time, only one background check form and fee is required.

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

ARKANSAS INSURANCE DEPARTMENT
FUNERAL SERVICES DIVISION | EMBALMERS & FUNERAL DIRECTORS

APPLICATION TO REINSTATE FUNERAL DIRECTOR'S LICENSE

APPLICATION FEE DUE: $100.00 (See the *Instructions* Page)

[Office Use Only]
License No:_____

Re-issue Date:_____

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**: _____
City State

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. Include the state, county, crime, approximate date of conviction, and your name at the time of conviction.

I hereby make application to the **Arkansas Insurance Department | State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services** to **reinstate** my Funeral Director'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

Fee $22.00

ARKANSAS STATE POLICE

ASP-122
(Eff. 09/21/2022)

Identification Bureau
Individual Record Check Request Form

Please mark the box if this background check is for U.S. VISA purposes only and requires an Apostille Letter ☐

Full Name: _____
Last name *First name* *Middle name* *Jr/Sr/III*

_____ Daytime Phone #: _____
*List **ALL** other names ever used (married, maiden, shortened, etc)*

Date of Birth: _____ State of Birth: _____Race: _____Sex: _____
(Month/Day/Year)

Social Security #: _____ Driver's License #: _____
State

Physical Address: _____
Street

_____
City *State* *ZIP*

Mailing Address: _____
Street or P.O. Box

_____
City *State* *ZIP*

APPLICANT RECORD NOTIFICATION

Change, Correction, or Updating: *Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34 and/or Arkansas Code §12-12-1013.*

I give my consent for the Arkansas State Police to conduct a criminal record search on myself and release any results to the following person or entity:

Signature: _____ Date: _____
(First/MI/Last Name) *Month/Day/Year*

Release to: **Arkansas Insurance Department | Funeral Services Division**
(First/MI/Last Name) or Full Name of Agency

Mailing Address: **1 Commerce Way, Suite 502**
Street

Little Rock **Arkansas** **72202**
City *State* *ZIP*

Daytime Phone #: **501 682-0574**

THIS PROPERLY COMPLETED FORM MUST BE NOTARIZED

STATE OF _____

COUNTY OF _____

Subscribed and sworn before me, a Notary Public, in and for the county and state aforesaid, this the _____ day of _____, 20 _____.

_____
Notary Public

☐ 82005 State Record Check

Part 30. Rules Pertaining to Embalmers, Funeral Directors, Funeral Establishments, Crematories, Crematory Retort Operators, and Transport Services - 17 CAR § 30-404. License renewals and reinstatements.

17 CAR § 30-404. License renewals and reinstatements.

(a) License renewals and reinstatements shall be made on forms provided by the State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services.

(b)(1) All embalmer, funeral director, and crematory retort licenses issued by this board shall be renewed either annually or biennially on or before December 31.

(2) Failure to renew timely will require the licensee to pay delinquency fees as provided in this part.

(c)(1) All establishment licenses issued by this board shall be renewed either annually or biennially on or before December 31.

(2) Failure to renew timely will require the licensee to pay delinquency fees as provided in this part.

(d) Renewal fees must accompany each application for renewal.

(e) Every licensed embalmer, funeral director, or individual dually licensed as both who is actively engaged in the practice of embalming, funeral directing, or both in Arkansas shall report on the renewal form at least six (6) hours of approved continuing education annually, or at least twelve (12) hours biennially.

(f) Failure to receive the renewal notice shall not relieve any licensee of the duty to timely renew the license or to pay the renewal fee or any delinquent fees as prescribed.

(g) **Renewals and delinquent fees.**

(1)(A) All embalmer, funeral director, and crematory retort operator license renewals which are not received timely are considered delinquent, and licensees are not allowed to practice the science of embalming or to engage in the business of funeral directing or the operating of a crematory retort until a renewal card has been issued for the current renewal period.

(B) A delinquent fee as prescribed by the board for each three (3) months, or fraction thereof, with a maximum of twelve (12) months, must be remitted with a reinstatement fee equal to one (1) year of delinquent fees.

(2) Any person whose license has been delinquent for at least thirteen (13) months may apply for reinstatement upon submission of the appropriate forms and fees.

(3) Any person who held a license which has lapsed three (3) or more years past, must appear before the board at a regular meeting to seek reinstatement. (4)(A) All establishment license renewals which are not received timely are considered delinquent, and establishments shall cease operating until the license is renewed.

(B) A per-quarter delinquent fee will be due and owing for each quarter the license is delinquent.

(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)(i) Is sufficiently competent.

(ii) Competency may be shown by:

(a) Proficiency testing;

(b) Letters of recommendation; or

(c) 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 one hundred dollars ($100) per license, in addition to the renewal fee for each license being reinstated.

(h) **Inactive status**.

(1) Funeral directors, embalmers, and crematory retort operators who wish to renew as inactive must notify the board before the expiration of the current license period that he or she wishes to convert to inactive status.

(2) The licensee must so state on a form provided by the board, and the form shall be accompanied by the required fee.

(3) The licensee shall remain inactive for a period of one (1) year.

(4) Nonetheless, if the licensee wishes to become active during the one-year period, then he or she must notify the board of such and submit the required forms, including proof of six (6) hours of continuing education