



ARKANSAS INSURANCE DEPARTMENT
FUNERAL SERVICES DIVISION | EMBALMERS & FUNERAL DIRECTORS

DUPLICATE CREMATORY RETORT OPERATOR LICENSE – REQUEST

APPLICATION FEE DUE: \$20.00 (Due at time of application)

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:

Gender: Male Female DOB: Last 4 SSN.:

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 72202-2087
Phone (501) 682-0574 | Fax (501) 682-0575
E-Mail: AID.EFD@arkansas.gov