



**ARKANSAS INSURANCE DEPARTMENT
FUNERAL SERVICES DIVISION | EMBALMERS & FUNERAL DIRECTORS**

DUPLICATE FUNERAL DIRECTOR 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:** _____
City State

I hereby make application to the **Arkansas Insurance Department | State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services** to be licensed as a Funeral Director. I submit the following information.

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