ARKANSAS INSURANCE DEPARTMENT
FUNERAL SERVICES DIVISION | EMBALMERS & FUNERAL DIRECTORS

RESIGNATION OF MANAGER POSITION | Type A Establishment

RULE 1. Section 6 – FUNERAL ESTABLISHMENTS, B. FUNERAL ESTABLISHMENT TYPE A – FULL-SERVICE FUNERAL FIRMS

5. If the funeral director serving as the manager of a funeral establishment shall cease serving as manager or leave the employment of the establishment for any reason, the establishment shall notify the Board, on forms provided by the Board, of the management change within three (3) business days, and of his or her successor within fifteen (15) business days.

Date: _____

I, _____, knowingly and willingly resign as
Name of Individual Licensee

manager of _____,
Name of the Establishment

physically located at _____, _____, AR _____.
Establishment Physical Address City ZIP Code

Establishment Board ID #: _____ Establishment License #: _____
(If different then BID#)

Printed Name: _____

Signature: _____

Effective Date of Change: _____ Board ID #: _____

NOTARY PUBLIC

State of _____ [Notary Stamp or Seal]

County of _____

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

_____ _____
Notary Public Signature My Commission Expires

Return Completed Form 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