



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

**STATEMENT OF TRAINING**

\_\_\_\_\_ Funeral Home ("the Company"),  
Board ID # \_\_\_\_\_, certifies that \_\_\_\_\_ is an  
**crematory retort operator in training** of the Company. Both parties understand that one, or  
both, must inform the **State Board of Embalmers, Funeral Directors, Cemeteries, and Burial  
Services** within thirty (30) days of termination of the above-named apprentice, if his/her  
termination occurs prior to the completion of the training.

\_\_\_\_\_  
*Funeral Home/Crematory Manager Signature*

\_\_\_\_\_  
*Crematory Retort Trainee Signature*

\_\_\_\_\_  
*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*

Return 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](mailto:AID.EFD@arkansas.gov)