

# LICENSE APPLICATION



I hereby make application to the  
LOUISIANA STATE BOARD OF EMBALMERS  
AND FUNERAL DIRECTORS  
STATE OF LOUISIANA  
3500 N. Causeway Blvd. Suite 1232, Metairie, LA 70002

for a RETORT OPERATOR  
in accordance with State Law and Board requirements

My name is: \_\_\_\_\_ Phone # \_\_\_\_\_

My Social Security Number is: \_\_\_\_\_ Date of birth is: \_\_\_\_\_

My home address is: \_\_\_\_\_  
Street or P. O. Box Number City State Zip Code

My mailing address is: \_\_\_\_\_

I graduated from \_\_\_\_\_ High School at \_\_\_\_\_

I successfully completed a RETORT OPERATOR certification training program at:

\_\_\_\_\_  
(Name of Training program, location, and date of completion)

I hold license no. \_\_\_\_\_ issued by the State of \_\_\_\_\_ Date \_\_\_\_\_

I hold license no. \_\_\_\_\_ issued by the State of \_\_\_\_\_ Date \_\_\_\_\_

PLEASE CHOOSE an OPTION below regarding the wall certificate:

\_\_\_\_\_ Please hold my certificate, I prefer to pick up from the office.

\_\_\_\_\_ Please mail my certificate to the address above; **I understand that there is an additional fee of \$10.00 required for certified return receipt postage.** Please note that the address above must be **correct and someone will need to be available for acceptance of the package.**

**You MUST attach, with this application, a copy of your high school diploma, GED, transcript or equivalent and a copy of your certificate of training for retort operations.**

I promise and agree that if this application is accepted and I should be granted a license to practice retort operations, I will at all times lead a temperate life, obey the laws of the State and the rules and regulations of the Louisiana State Board of Embalmers and Funeral Directors and the requirements of the Department of Health and Hospitals.

I also promise to maintain the honor and dignity of the profession. It is understood and agreed that if I should fail to keep the above agreements, or if I have made any false statements in the above application that my license may be suspended or revoked by the Board at any time.

I further acknowledge and agree that any separate statements which I may sign and present to the Board in connection with actual embalming experience or in regard to a reciprocal license or any other matter relative to an embalmer and funeral director's license are hereby made a part of this application.

Signature \_\_\_\_\_  
Full name of Applicant

Signed and Dated at

\_\_\_\_\_ City State

This the \_\_\_\_\_ day of \_\_\_\_\_  
Month/Year

State of \_\_\_\_\_

Parish of \_\_\_\_\_

Name \_\_\_\_\_ the above named person, personally known to me, signed the application in my presence and being duly sworn, he/she states that he/she read the above application and that the statements which he/she made therein are true to the best of his/her knowledge, information, and belief.

\_\_\_\_\_ My Commission expires \_\_\_\_\_  
Notary Public

The applicant herein, under oath, and any person subscribing to this application in recommendation thereof, hereby certifies that the applicant has never been convicted of any misdemeanor, felony, or other violation of law and is not now, nor has he/she ever been addicted to narcotics, alcohol, or other unlawful stimulants, except \_\_\_\_\_

**You must respond to the above inquiry by stating "YES" with an explanation or "NONE" if the statement does not apply.**

Initials of Applicant: \_\_\_\_\_

Any discovered misstatements given herein will bring about the immediate cancellation of any license granted to the applicant.

**\$250.00 Fee must be enclosed with application**  
**License application must be fully completed, notarized and returned with the required paperwork and fees.**  
**Questions which do not pertain to you should be answered "None" or "Not Applicable".**  
**Any application which is not fully completed will be returned to the applicant.**

**CERTIFICATES OF RECOMMENDATION (Three (3) are required)**

**THIS IS TO CERTIFY** that I have been acquainted with the applicant named herein and I know him/her to be of good moral character and excellent reputation in the community, reliable and qualified as an applicant for a retort operator's certificate.

State of \_\_\_\_\_

Parish of \_\_\_\_\_

Years acquainted \_\_\_\_\_

\_\_\_\_\_  
whose name appears opposite on this page,  
being sworn says: That the above statement  
that he/she signed is true to the best of his/  
her knowledge and belief.

Signed: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Date: \_\_\_\_\_

My commission expires: \_\_\_\_\_

State of \_\_\_\_\_

Parish of \_\_\_\_\_

Years acquainted \_\_\_\_\_

\_\_\_\_\_  
whose name appears opposite on this page,  
being sworn says: That the above statement  
that he/she signed is true to the best of his/  
her knowledge and belief.

Signed: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Date: \_\_\_\_\_

My commission expires: \_\_\_\_\_

State of \_\_\_\_\_

Parish of \_\_\_\_\_

Years acquainted \_\_\_\_\_

\_\_\_\_\_  
whose name appears opposite on this page,  
being sworn says: That the above statement  
that he/she signed is true to the best of his/  
her knowledge and belief.

Signed: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Date: \_\_\_\_\_

My commission expires: \_\_\_\_\_

