



Temporary / Reciprocal License Certification

(The State Licensing Board shall complete this document.)

State of _____

Name of Applicant _____

Please check one: **Funeral Director** _____ **Embalmer** _____ **Dual** _____

(1) License No. _____ (2) License No. _____

License Type: _____ License Type _____

Date Issued _____ Date Issued _____

Expiration _____ Expiration _____

Exam Average: *To be provided by The Conference* Exam Average: *To be provided by The Conference*

Name of school licensee attended _____

Has licensee been current and in good standing for a period of five consecutive years with your State Board?
_____ If NO, please explain _____

Has licensee ever been disciplined by your State Board? (Revocation, suspension, probation, etc.)
_____ If YES, please explain and attach copy of final decision _____

Are there any formal charges pending against the license? _____ If YES, please explain and attach copy of complaint _____

Acting on behalf of _____, I certify that the above information is true and correct based on the records of this Board.

Official's Name

Official's Signature

Title

Date

Email of person completing the form: _____

Please Email Completed Certification to:

hpenouilh@lsbefd.state.la.us or kmichel@lsbefd.state.la.us

Original by USPS mail to: LSBefd, 3500 N. Causeway Blvd., Suite 1232, Metairie, LA 70002