Temporary / Reciprocal License Certification

(The State Licensing Board shall complete this document and return to the LSBEFD)

The individual named below is applying for a license in Louisiana. Please provide information for verification of license.

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***
If the license was issued based on the State's board exam, please provide transcript or scores

Name of school licensee attended _____

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

_____

Has the 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 _____(state board), I certify that the above information is true and correct based on the records of this Board.

State Seal

_____
Official's Signature

_____
Print Official's Name

_____
Email address for Official

Return Form to: hpenouilh@lsbefd.state.la.us or LSBEFD, 3500 N. Causeway Blvd, Suite 1232, Metairie, LA 70002