

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 License
in accordance with State Law and Board requirements

General Instructions and Important Notice: Completion of this application form, six (6) pages total, is necessary for consideration for licensure as a retort operator in Louisiana, according to LA R.S. 37:831. **PLEASE RETURN ALL SIX (6) PAGES OF THIS APPLICATION.** Failure to disclose all requested information may result in this form not being processed and may subsequently result in denial of this application. All candidates for initial licensure and renewal have a continuing obligation to update and supplement the information and responses on this application if they change. Failure to supplement the information and responses provided on this application may result in denial or other appropriate action. All information provided must be accurate. Please note that the information provided on this application is subject to the public information laws of this jurisdiction with the exception of social security numbers, date of birth, grades from any tests or transcripts and telephone numbers.

Carefully follow the directions on this application form. In addition, please note the following;

- 1) Type or print legibly with black or blue ink only.
- 2) Disclosure of your U.S. social security number is mandatory. The social security number will be provided to the Department of Child and Family services to assist in the identification of persons who are delinquent in complying with a child support order, spousal support/alimony order or in the repayment of educational loans.
- 3) If the name shown on your supporting documents is different from that shown on your application, you must submit proof of legal name change, a copy of your marriage license, divorce decree, affidavit or court order.

Supporting Documentation and Fees checklist:

- _____ Applicable fee - \$250.00 (please add \$15.00 if you choose the mail option, see below)
PAYMENT can be check, money order, cashier's check, or credit/debit card - DO NOT SEND CASH
- _____ High school diploma, transcript or GED equivalent
- _____ Copy of certified training for retort operations

Your application is NOT considered complete until all supporting documents and fees have been received by the Louisiana State Board of Embalmers and Funeral Directors. If required items are being forwarded directly from an entity listed above, please call or email this office for receipt verification. This office will NOT hold an application and fees while awaiting the delivery of requested items.

DO NOT SUBMIT THIS APPLICATION UNTIL ALL DOCUMENTS HAVE BEEN VERIFIED AS RECEIVED OR THIS MAY RESULT IN THE RETURN OF THIS APPLICATION.

PLEASE CHOOSE an OPTION below regarding the wall certificate (dimensions are 14 x 17 and suitable for framing):

_____ Please hold my certificate, I prefer to pick up from the Board's office.
 Please include a telephone number below for notification that the certificate is ready for pick up.

_____ Please send my certificate to the mailing address below; **I understand that there is an additional fee of \$15.00 required for certified return receipt postage.** Please note that the mailing address below must be correct and a signature will be required for acceptance of the package.

PART I: PERSONAL

First Name		Middle Name		Last Name
Social Security Number	Date of birth	Male ____ Female ____	Telephone / contact number	
Street Address	City	State	Zip	
Mailing Address	City	State	Zip	
Certificate to be mailed to: \$15.00 fee must be included				
Email				
Identify any maiden name, surname, or any other names or aliases you have been known by or used and identify the reason for your name change:				
Are you a U.S. citizen? _____ YES _____ NO				
If you answered no to the above, please specify if you are: a qualified alien (as defined in 8 U.S.C.A. §1641), a nonimmigrant under the Immigration and Nationality Act (8 U.S.C.A. §1101 et seq), an alien who is paroled into the United States under * U.S.C.A. §1182 (d)(5) for less than one year, a foreign national no physically present in the United States. If other, please explain:				

PART II: EDUCATION – List the educational institutions attended that satisfy the educational requirement for licensure:

High School/GED institution attended
Retort Operations training/program:

PART III: LICENSE IN OTHER JURISDICTIONS/STATES

I hold license no. _____ issued by the State of _____ Date _____
I hold license no. _____ issued by the State of _____ Date _____
I hold license no. _____ issued by the State of _____ Date _____

PART VI: CERTIFYING STATEMENT

I hereby certify under penalty of perjury that I have read this application in its entirety. The responses and attached materials I have provided are true and accurate to the best of my knowledge. I further certify that I am of good moral character and have reviewed and will at all times comply with all applicable state laws, rules and regulations governing the license I am seeking to obtain. I hereby and direct any person, agency, firm, or other entity, to release upon request of the Louisiana State Board of Embalmers and Funeral Directors, any information, communication, report, record, statement, recommendation or disclosure that may have bearing on my eligibility for or continuance of the license for which I am applying. I understand that by signing this application, I am authorizing the release of information about me that may otherwise be protected and confidential.

Additionally, I understand and agree that any false information, misrepresentation, or omission of facts in this application and during the application process is cause for denial of this application.

Signature _____
Full name of Applicant

Signed and Dated at

_____ City State

This the _____ day of _____
Month/Year

State of _____

Parish/County 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

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

Final checklist of items to be submitted with this application:

DO NOT SEND CASH

- 1) _____ Copy of high school transcript, diploma or GED

- 2) _____ Copy of retort operations training certificate

BEFORE A LICENSE WILL BE ISSUED; all requirements **MUST** be met and all documents **MUST** be submitted prior or attached with the application.

- **DUE to our auditing policy,** we cannot hold payments while waiting for delivery of items being sent separately. Applications will not be held and will be returned immediately based upon missing information and/or required items. Please contact this office to verify if items have been received that were previously sent separately.

- Upon verification of the necessary requirements regarding the application, this form will be processed promptly.

INFORMATION IS OUTLINED THOROUGHLY UPON OUR WEBSITE AND BY THE FREQUENTLY ASKED QUESTIONS.

YOU ARE RESPONSIBLE FOR REVIEWING AND FOLLOWING THE REGULATIONS WHICH ARE LOCATED UPON OUR WEBSITE.