



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.

Official's Signature

State Seal

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