

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF FUNERAL DIRECTORS

LICENSE
NO: _____

LAST NAME: _____

**FUNERAL DIRECTOR
RENEWAL APPLICATION**
EXPIRATION DATE: FEBRUARY 1, 2012
FEE: \$325.00

NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

RETURN ADDRESS:
State Board of Funeral Directors
PO Box 8420
Harrisburg, PA 17105-8420

Your license will expire on February 1, 2012. To process your online renewal, click on www.mylicense.state.pa.us. For security purposes you have been assigned Renewal ID# which is located on your wallet card. If you have previously renewed online, your User ID and Password are still valid. You will need a valid credit card (VISA, Mastercard, Discover or American Express). Follow all instructions, and you will have immediate confirmation that your renewal is being processed. You will receive your updated license indicating an expiration date of February 1, 2014 within seven to ten days. For assistance email st-my-license-helpdesk@state.pa.us. Online renewal is not available after March 1, 2012. After March 1, 2012, contact the Board Office for a reactivation application.

REMINDER: If you are a Funeral Director who is also licensed as a Funeral Supervisor, you are required to renew both licenses. If you did not receive a renewal application for your Funeral Supervisor license, you can download a renewal application from the website at www.dos.state.pa.us/funeral, email the board office at st-funeral@state.pa.us, FAX your request to 717-705-5540 or call us at 717-783-3397.

- I will not be practicing this profession in Pennsylvania **February 1, 2012** and request inactive status. **No fee is required.**
- I have a change of address of funeral establishment as a result of changing employers. Access www.dos.state.pa.us to download an application for submission to the Board Office.
- I have a change of personal name. **Complete only if name differs from above information.**

Name Change	New Name
Submit an 8 ½ X 11 photocopy of a legal document verifying your new name. The only acceptable documents are a marriage certificate, divorce decree which indicates the retaking of a maiden name, court order indicating retaking of a maiden name, or a court order approving a legal name change. Copies of driver's license or Social Security cards are not acceptable. Failure to submit required document will result in your license being renewed in the name as shown above.	

THE FOLLOWING QUESTIONS MUST BE ANSWERED

If you answer YES to questions 2 through 4 – provide details AND attach certified copies of legal document(s). Certified copies of legal documents are not required if disciplinary action was taken against your PA license to practice this profession.	YES	NO
1. Do you hold a license to practice this profession in any other state or jurisdiction?		
2. Since your initial application or your last renewal , have you had disciplinary action instituted or taken against your license in any state or jurisdiction?		
<input type="checkbox"/> Check here if action taken in PA Certified Copies Not Required		
3. Since your initial application or your last renewal , have you withdrawn an application for a license, had an application for a license denied or refused, or agreed not to reapply for a license in any state or jurisdiction?		
4. Since your initial application or your last renewal , have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict as to any felony or misdemeanor, including any drug law violations, or any criminal charges pending and unresolved in any state or jurisdiction?		
5. Since your last renewal , have you completed 6 hours of State Board approved continuing education?		
6. You are exempt from the continuing education requirement if you received initial licensure on or after February 2, 2010. Are you exempt from continuing education?		

I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 PA C.S. 4911 and that any false statement made is subject to the penalties of 18 PA C.S. 4904 relating to unsworn falsification to authorities and may result in my license being disciplined. I understand that practicing on an expired license may result in disciplinary actions and additional monetary penalties.

SIGNATURE (Mandatory): _____ **Date:** _____

FEE – Payable to “Commonwealth of Pennsylvania” Write your license number on your payment. LATE FEE - \$5.00 per month assessed when postmarked after February 1, 2012. Fee is non-refundable. Processing fee of \$20.00 charged for returned payment.	FEE \$325.00
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