

Provisional Licensing Program Amendment to Application

Provisional Licensee's Printed Name		Provisional License #	
Please complete form and retufollowing:	urn to the Commission	within <u>10</u> days of changes to a	ny of the
	ion for additional casewo location (#4 Must be Co	ork (#5 Must be Completed) mpleted)	
2. List NEW/Additional Estab	olishment		
Funeral Establishment or Commer	cial Embalming Facility	Establishment License # (mand	atory)
3. Name & License Number of	of FDIC or EIC the NE	N/Additional establishment.	
FDIC/EIC Printed Name	Signature	Licens	e #
4. If changing employment, lis	st OLD Establishment (to be removed from file)	
Funeral Establishment or Commercial Embalming Facility		Establishment License # (mandatory)	
5. Name and license number extra casework.	of <u>CURRENT</u> FDIC or	· EIC if ADDING an establish	ment for
FDIC/EIC Printed Name	Signature	Licens	e #
Provisional Licensee Signature		Date	

Email to: angie@tfsc.texas.gov

or

Fax to: 512-479-5064