

**Texas Funeral Service Commission
Provisional Licensing Program
Amendment to Application**

Please complete form and return to the Commission within 10 days of changes to any of the following:

1. _____
Provisional Licensee's Printed Name _____
Provisional License #

2. Please check the appropriate box for change:

- Add establishment location for additional casework **(#5 Must be Completed)**
- Change of employment location

3. List NEW/Additional Establishment

_____ _____
Funeral Establishment or Commercial Embalming Facility Establishment License #
(mandatory)

_____ _____
Address City, State Zip

Phone Number (_____) _____

4. Name and License Number of Funeral Director in Charge or Embalmer in Charge of NEW/Additional establishment.

FDIC/EIC Printed Name **Signature** _____
License #

5. Name and license number of CURRENT Funeral Director in Charge or Embalmer in Charge if ADDING an establishment for extra casework.

FDIC/EIC Printed Name **Signature** _____
License #

Provisional Licensee Signature _____
Date