



TEXAS FUNERAL SERVICE COMMISSION

APPOINTMENT OF EMBALMER IN CHARGE

(For Commercial Embalming Facilities Only)

Establishment Name	Establishment License Number
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Street Address	City	Zip
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Email _____
(Mandatory)

Embalmer in Charge	License Number	Expiration Date
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Date Appointed _____

Are you currently serving as EIC/FDIC at any other location(s)? *Yes _____ No _____

*NOTE: Per TFSC rule, an individual may NOT serve as EIC at multiple locations unless the locations are within 100 miles of each other AND have the same ownership.

Establishment Name(s)	Owner(s)	Establishment License #
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As the Embalmer in Charge, I am responsible to the Commission for the legal and ethical operation of this establishment and understand that I may be served with administrative process when violations are alleged to have been committed by the funeral establishment. I will notify the Commission in writing immediately if and when the relationship is terminated. I certify to the correctness contained in this application.

Embalmer in Charge	Date
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Establishment Owner	Date
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TEXAS FUNERAL SERVICE COMMISSION

REMOVAL OF EMBALMER IN CHARGE

(For Commercial Embalming Facilities Only)

Establishment Name		License Number
Street Address	City	Zip
Embalmer in Charge	License Number	Expiration Date
Date Removed		

As the Owner/Manager of the Funeral Establishment, I do hereby authorize the removal of the above listed person as Embalmer in Charge. I will notify the Commission in writing within 15 days of the appointment of a new Embalmer in Charge. I certify to the correctness contained in this application.

Establishment Owner

Date