



TEXAS FUNERAL SERVICE COMMISSION

APPOINTMENT OF FUNERAL DIRECTOR IN CHARGE

(For Funeral Establishments Only)

Establishment Name	Establishment License Number
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Street Address	City	Zip
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Email _____

(Mandatory)

Funeral Director in Charge	License Number	Expiration Date
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Date Appointed _____

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

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

Establishment Name(s)	Owner (s)	Establishment License #
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As the Funeral Director 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.

Funeral Director in Charge	Date
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Establishment Owner	Date
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TEXAS FUNERAL SERVICE COMMISSION

REMOVAL OF FUNERAL DIRECTOR IN CHARGE

(For Funeral Establishments Only)

Establishment Name		License Number
Street Address	City	Zip
Funeral Director 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 Funeral Director in Charge. I will notify the Commission in writing within 15 days of the appointment of a new Funeral Director in Charge. I certify to the correctness contained in this application.

Establishment Owner

Date