



5131
2020

F# _____
For agency use ONLY

ACTIVE Individual License Renewal Application

All information is required. Incomplete applications will not be processed and WILL be returned.

- **Renewal Fees and Application must be postmarked prior to expiration date. Make payment by check or money order only.**
- Licenses cannot be renewed until all fees and penalties are paid and all continuing education requirements have been met.
- A license expired for one year or more **CANNOT** be renewed. Contact the agency for more information.

Licensee Name _____

License Number _____ License Expiration: _____

Email _____

Please check appropriate box:

	Renew by expiration date	1-90 days past expiration date	91-365 days past expiration date
Single: Funeral Director OR Embalmer	<input type="checkbox"/> \$193	<input type="checkbox"/> \$285.50	<input type="checkbox"/> \$378
Dual: Funeral Director AND Embalmer	<input type="checkbox"/> \$330	<input type="checkbox"/> \$490	<input type="checkbox"/> \$650

ACTIVE Licensees 65+ yrs of age (65+ = "Retired") or 75%+ Disabled			
Single: Funeral Director OR Embalmer ACTIVE Retired or Disabled Status	<input type="checkbox"/> \$98.50	<input type="checkbox"/> \$144.75	<input type="checkbox"/> \$191
Dual: Funeral Director AND Embalmer ACTIVE Retired or Disabled Status	<input type="checkbox"/> \$168	<input type="checkbox"/> \$248	<input type="checkbox"/> \$328

Please verify and correct your identifying information and mailing address:

SSN: _____ DOB: _____

Current Mailing Address:

Address	
City	
State	
Zip	
Phone	

Home address if different from Mailing Address:

Address	
City	
State	
Zip	
Phone	

SECTION A – Criminal History

Since your last license issuance, have you been convicted of a Felony or a Misdemeanor? Yes No

If you answered “yes,” please explain in detail and include the outcome. _____

(Attach additional pages/documentation as necessary.)

SECTION B – Continuing Education Certification

If you are 65+ years of age or 75%+ or more disabled, you are “EXEMPT” from Continuing Education. Sixteen hours of Continuing Education are required to renew a license unless retired or disabled.

In the space provided below, list the continuing education training attended during the current renewal period. (Use extra sheet of paper if necessary.)

Provider Name	Date Attended	Credit Hours Awarded	Provider Approval #

By signing below I attest to the fact the information on this form, as well as the information on any attachment(s) sent to the Texas Funeral Service Commission associated with submittal of this renewal, is true and correct. Additionally, I attest to the fact that I have completed the required number of continuing education hours needed for renewal of my license. I understand that providing false or incorrect information may constitute a violation of the Texas Funeral Service Commission Rules and Regulations and may be grounds for revocation, suspension, penalties, or refusal to issue or renew the individual license.

Printed Name

Signature

Date

License Number

Please Mail Completed Application and Fee to:
Texas Funeral Service Commission
333 Guadalupe, Suite 2-110
Austin, Texas 78701