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2020

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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
<b>Single:</b> Funeral Director <b>OR</b> Embalmer	<input type="checkbox"/> \$193	<input type="checkbox"/> \$285.50	<input type="checkbox"/> \$378
<b>Dual:</b> Funeral Director <b>AND</b> Embalmer	<input type="checkbox"/> \$330	<input type="checkbox"/> \$490	<input type="checkbox"/> \$650

<b>ACTIVE Licensees 65+ yrs of age (65+ = "Retired") or 75%+ Disabled</b>			
<b>Single:</b> Funeral Director <b>OR</b> Embalmer ACTIVE Retired or Disabled Status	<input type="checkbox"/> \$98.50	<input type="checkbox"/> \$144.75	<input type="checkbox"/> \$191
<b>Dual:</b> Funeral Director <b>AND</b> 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  
1801 Congress Ave, Suite 11-800  
Austin, Texas 78701