



**5131
2023**

F# _____
For agency use ONLY

INACTIVE Individual License Renewal Application

(ONLY for licensees 65+ years of age or 75%+ Disabled)

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

- **Renewal Fees and Application postmarked prior to the expiration date. Make payment by money order or check only.**
- 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:

You must be age 65 or older (“Retired”) or 75%+ Disabled to renew as Inactive.

| | Renew by expiration date | 1-90 days past expiration date | 91-365 days past expiration date |
|---|------------------------------|-----------------------------------|-------------------------------------|
| Single: Funeral Director OR Embalmer INACTIVE Retired or Disabled Status | <input type="checkbox"/> \$6 | <input type="checkbox"/> \$6 | <input type="checkbox"/> \$6 |
| | | | |
| Dual: Funeral Director AND Embalmer INACTIVE Retired or Disabled Status | <input type="checkbox"/> \$6 | <input type="checkbox"/> \$6 | <input type="checkbox"/> \$6 |

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/renewal, 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.)

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