



## **RECIPROCAL** **License Guidelines**

In order for the Texas Funeral Service Commission to consider an applicant, for license reciprocity to Texas from another state, the applicant must follow these guidelines:

- Completed Application (attached)
- Completed Licensee Affidavit (attached)
- Completed Licensing Board Certification (attached) showing the out of state license is in good standing for a minimum of one year if issued in a state with substantially equivalent requirements or for five years if issued in a state that does not have substantially equivalent requirements. The state licensing agency/board must submit this document.
- Transcripts from an accredited mortuary school/college showing graduation date and degree awarded
- Passing National Board Scores of 75%+
- Passage of the Texas Mortuary Law Exam with a score of 75% or better within the last 6 months.

### **Once the Commission has received your Reciprocal Application**

- Completed FBI background check – Due to DPS security policies, once the Commission has received your reciprocal application, staff will send you an email with the instructions on how to obtain your background.

The Commission will NOT consider an applicant for licensure approval until the Commission has received all necessary documentation and administrative paperwork.

Upon approval of an application, the applicant will receive an email requesting that s/he mail the reciprocal license fee to the Commission. The Commission will return licensing fees prior to approval!

For further questions, you may contact Licensing Staff at [Licensing@tfsc.texas.gov](mailto:Licensing@tfsc.texas.gov).

#### **Please Mail Completed Application and Affidavit to:**

Texas Funeral Service Commission  
1801 Congress Ave, Suite 11-800  
Austin, Texas 78701



# RECIPROCAL

## Funeral Director/Embalmer License Application

**Provide all required information. The Commission will return incomplete applications to the applicant.**

Applying for: Funeral Director \_\_\_\_\_ Embalmer \_\_\_\_\_ Dual License \_\_\_\_\_

Name \_\_\_\_\_  
Last First M MAIDEN

Social Security \_\_\_\_\_ Birthdate \_\_\_\_\_

Mailing Address \_\_\_\_\_  
City State Zip

Residence Address \_\_\_\_\_  
City State Zip

Phone \_\_\_\_\_

Email Address: \_\_\_\_\_  
(Must be LEGIBLE)

Are you currently employed or offered a position in the State of Texas? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Name of Establishment \_\_\_\_\_

License Number of Establishment \_\_\_\_\_

Address of Establishment \_\_\_\_\_

**LICENSE HISTORY** - List all funeral director/embalmer licenses held.

Licensing State	License#	Type	Issue Date	Expiration date	Status

Length of Funeral Director apprenticeship \_\_\_\_\_

Length of Embalmer apprenticeship \_\_\_\_\_

Mortuary School \_\_\_\_\_ Year Graduated \_\_\_\_\_

Copy of Certified Transcript sent to TFSC ? Yes \_\_\_\_\_ No \_\_\_\_\_

**MILITARY**

Are you an active military service member, military veteran, or spouse of an active military service member? Yes \_\_\_\_\_ No \_\_\_\_\_



## Reciprocal Licensee Affidavit

Name: \_\_\_\_\_

Length of Funeral Director Apprenticeship \_\_\_\_\_

Length of Embalmer Apprenticeship \_\_\_\_\_

List all licenses currently or previously held:

State \_\_\_\_\_ License No. \_\_\_\_\_ Date Issued \_\_\_\_\_

State \_\_\_\_\_ License No. \_\_\_\_\_ Date Issued \_\_\_\_\_

State \_\_\_\_\_ License No. \_\_\_\_\_ Date Issued \_\_\_\_\_

### **Criminal History:**

1. Have you ever been convicted of a felony, found guilty of or entered a plea of guilty or no contest to a felony? YES \_\_\_ NO \_\_\_
2. Have you ever been convicted of a misdemeanor, found guilty of or entered a plea of guilty or no contest to a misdemeanor? YES \_\_\_ NO \_\_\_

If you answered yes to either question, complete the "Criminal History Questionnaire for Applicants" Form and submit all requested information. Your application for licensure will not be considered until this form and requested information is received.

### **AFFIDAVIT OF APPLICANT**

I \_\_\_\_\_ (print name) hereby state under oath that my Funeral Director and/or Embalmer license has never been cancelled, suspended or revoked, placed on probation, and at the present time said license is in full force and effect. I further state there is no prosecution pending against me in any State or Federal Court for any felonious offense or misdemeanor and that I am the identical person to whom the license was originally issued, and that the statements contained herein are true and correct to the best of my knowledge. I hereby submit a certified copy of my college transcript from the accredited mortuary school listed above. By submitting this application, I am providing a full and complete release to the licensing authority to any and all records and documentation necessary to consider this application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **Please Mail Completed Application and Affidavit to:**

Texas Funeral Service Commission  
1801 Congress Ave, Suite 11-800  
Austin, TX 78701

Updated 08/08/2023



# Reciprocal Certification

(Only the State Licensing Board shall complete this document.)

State of \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Please check one: **Funeral Director** \_\_\_\_\_ **Embalmer** \_\_\_\_\_ **Dual** \_\_\_\_\_

(1) License No. \_\_\_\_\_ (2) License No. \_\_\_\_\_

License Type: \_\_\_\_\_ License Type \_\_\_\_\_

Date Issued \_\_\_\_\_ Date Issued \_\_\_\_\_

Expiration \_\_\_\_\_ Expiration \_\_\_\_\_

Exam Average \_\_\_\_\_ Exam Average \_\_\_\_\_

Name of school licensee attended \_\_\_\_\_

Has licensee been current and in good standing for a period of five consecutive years with your State Board? \_\_\_\_\_ If NO, please explain \_\_\_\_\_

Has licensee ever been disciplined by your State Board? (Revocation, suspension, probation, etc.) \_\_\_\_\_ If YES, please explain and attach copy of final decision \_\_\_\_\_

Are there any formal charges pending against the license? \_\_\_\_\_ If YES, please explain and attach copy of complaint \_\_\_\_\_

Acting on behalf of \_\_\_\_\_, I certify that the above information is true and correct based on the records of this Board.

\_\_\_\_\_  
Official's Name

\_\_\_\_\_  
Official's Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

(State Board Seal)

Email of person completing the form: \_\_\_\_\_

**Please Email Completed Certification to:**

[LICENSING@tfsc.texas.gov](mailto:LICENSING@tfsc.texas.gov)

Updated 08/08/2023