

VERIFICATION OF LICENSURE IN ANOTHER STATE

To the applicant: Complete the front portion of this form and send to the licensing Authority/Regulator Board in the State in which you were licensed.

Full Name _____
 First Middle Maiden Last Name
Address _____
 Street City State Zip

Applicants for a South Dakota license in funeral service who hold a license in another state which maintains the system and standards of examination for license to engage in the practice of funeral service, which in the judgement of South Dakota Board of Funeral service is substantially equivalent to South Dakota Requirements. The applicant must pass a written examination on South Dakota Status and Administrative Rules and pay a application and exam fee of \$150.00. The applicant must also provide proof of good moral character.

License/Certificate number _____ Year Issued: _____

My original Funeral Service License was obtained after serving _____ months as a registered apprentice in the State of _____ and after completing a _____ months' course at the _____

School of Embalming of which I am a graduate, and passing written examination in the State of _____ on the _____ day of _____, year _____

given by the following board _____

I have been actively engaged or employed in Funeral Service following the issuance of my original license in the following locations, to-wit:

Town _____ State _____ From _____ to _____
Town _____ State _____ From _____ to _____
Town _____ State _____ From _____ to _____
Town _____ State _____ From _____ to _____

Has your license ever been refused, suspended or revoked? _____

Explain _____

The South Dakota Board of Funeral Service request that I submit verification that my license in the State of _____ is or was in good standing.

You are hereby authorized to release any information in your files, favorable or otherwise, directly to the South Dakota Board of Funeral service. Your early attention is appreciated.

Signature: _____

Print Name: _____

Date: _____

SOUTH DAKOTA BOARD OF FUNERAL SERVICE
810 North Main #298
Spearfish, SD 57783
Telephone: (605) 642-1600

To the Licensing Authority/regulator Board: Please provide the information requested below and return directly to our Board address indicated at the top of this page.

CERTIFICATE OF AUTHORIZED BOARD REPRESENTATIVE OF STATE BOARD ISSUING LICENSE

PLEASE PRINT

I, Representative of the _____
(Name of Licensure Board)

State of _____

Certify that _____
(Name of Licensee)

was granted license number _____ to practice Funeral Service on the _____ day of

_____, year _____ based on passing (please check) State written examination
 ICFBE Examination served a 12 months or more apprenticeship and other qualifications before this board, and the said license is now in legal force or was in good standing at the time of expiration.

The expiration date of said license is _____ year _____.

I also certify that the above applicant is of good moral character, has never been convicted of a felony or crime involving moral turpitude, and has never been found guilty of gross or willful malpractice in the business of embalming and/or funeral directing, and based on the records of this office, recommend him/her to the South Dakota State Board of Funeral Service as a fit and proper person to receive license by reciprocity.

(Seal)

Representative of Board or Department Signature

(Printed Name)

Address City State Zip

(_____) _____
Telephone#

Date