

District of Columbia



**Funeral Director License Application
Verification of State Licensure (Courtesy Card Holders Only)**

Name of Applicant _____

Social Security Number _____

Dear Sir/Madam:

The applicant whose name appears above has applied to the Board of Funeral Directors for a Courtesy card in the District of Columbia. The applicant claims to be currently licensed to practice funeral directing in your state and claims the above license number. This request is being forwarded to you to verify that the applicant is currently licensed and in good standing to practice funeral directing in your state.

Please complete and return this form to:

Pearson VUE
Dept. DC-FN
Metro-Plex I, Suite 250
8401 Corporate Drive
Landover, MD 20785

Your prompt attention to this request will expedite consideration of the candidate's application for licensure. Thank you in advance for your cooperation.

Pearson VUE
on behalf of the District of Columbia Board of Funeral Directors

District of Columbia



Funeral Director License Application
Verification of State Licensure in Funeral Directing (Courtesy Card only)

This document certifies that _____ (name of applicant), _____(social security number), is the holder of a license in good standing to practice funeral directing in the state of _____. License Number _____ was issued on _____ (date of issuance). Is the license current? [] Yes [] No

Please provide the expiration date: _____

Issue basis: [] Examination [] Endorsement [] Reciprocity [] Waiver

Applicant was examined after submitting a diploma conferring the degree of _____ (type of degree) from _____ (name of education institution).

Has license ever been surrendered, suspended, or revoked? [] Yes [] No

If yes, has it been reinstated? [] Yes [] No

Does your state grant licenses in funeral directing to licensees from the District of Columbia without further examination? [] Yes [] No

Remarks: _____

Please check documents that you are enclosing with this form:

___ Your state's current license requirements (including their effective date)

___ Requirements in effect at the time that the applicant was originally licensed, if different from the current requirements.

On behalf of the State of _____ Board of Funeral Directors, I certify that the above statements are correct.

Signature of Authorized Official

Date

Name and Title of Authorized Official (please print or type)

SEAL