



Government of the District of Columbia
Occupational and Professional Licensing Administration

**Board of Funeral Directors
In the District of Columbia**
Supervision Form – Apprentice Funeral Director

RE: _____
Applicant's Name Social Security Number

Dear Sir/Madam:

The applicant whose name appears above has applied for a license to practice as an apprentice funeral director in the District of Columbia. Please complete the information requested below.

I, _____ (Supervisor), _____ (DC License #),
_____ (Funeral Home) certify that, _____ (Applicant), will begin
serving as an apprentice funeral director under my supervision immediately upon receipt of license. Will
apprenticeship be full ___ or part-time ___? If part-time basis, please state where employed

Total number of apprentices employed at the funeral home _____.

Subscribed and sworn to before me at _____, this day of _____, 20_____.

(Notary Seal)

My commission expires on _____
Notary Public

Please complete this form and return to:

Pearson VUE
Dept. DC-FN
Metro-Plex II, Suite 400
8201 Corporate Drive
Landover, MD 20785