GOVERNMENT OF THE DISTRICT OF COLUMBIA
Occupational and Professional Licensing Administration

DC FN APP01

Board of Funeral Directors

FUNERAL HOME ESTABLISHMENT/DESIGNATED FUNERAL DIRECTOR FORM

This supplemental form must be completed by Funeral Home Establishment, and/or Funeral Director licensees in the Funeral Home Establishment who wish to add, change, or terminate a Funeral Home Establishment/Designated Funeral Director relationship. If you have any questions, call the Pearson VUE toll-free Customer Service line at 877-374-1158 Monday through Friday, 8AM to 5PM EST.

Section 1. REQUEST TYPE AND FEES

Please indicate the type of request being submitted:

- ☐ Funeral Home Establishment, submitting first-time new license application; (no fee)
- ☐ Funeral Home Establishment, changing Designated Funeral Director; (requires fee)
- ☐ Funeral Director, terminating Funeral relationship – Section 2 only; (requires fee)

Make check or money order payable to **Pearson VUE** and mail to:
Pearson VUE
Dept. DC – Funeral Directors
Metro-Plex I Suite 250
8401 Corporate Drive
Landover, MD 20785

Change of Designated Funeral Director $ 30 .00
(Includes one new license print for the Funeral Director)

☐ **Duplicate Licenses** *(limit 5)* qty: _____ X 30.00 = $_____.00

Total Enclosed $_____.00

PEARSON VUE ONLY

New Funeral Home Establishment:
BTRS B/R _____

Check $	Check #	Clerk
$ _____.00		

Section 2. DESIGNATED FUNERAL DIRECTOR INFORMATION

FIRST NAME | MI | LAST NAME | SUFFIX (Jr, Sr, etc)

LICENSE PREFIX/NUMBER | SOCIAL SECURITY NUMBER

Due to the most recent amendment to the DC Laws (DC Law 13-269 – "Child Support and Welfare Reform Compliance Amendment Act of 2000, effective March 31, 2001), the Department of Consumer and Regulatory Affairs is now required to collect and maintain Social Security Number is Licensee files.

Are you currently a Designated Funeral Director for a Funeral Home Establishment?

- ☐ **YES** I am regularly employed by the firm, person, or corporation indicated in the establishment section below, and all work performed in the District of Columbia by the Funeral Director is under my supervision.
- ☐ **NO** Please terminate my relationship with the Funeral Home Establishment, and re-issue a regular Funeral Director license for me.

DESIGNATED FUNERAL DIRECTOR/FUNERAL DIRECTOR

SIGNATURE _____ **DATE** _____

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Section 3. FUNERAL HOME ESTABLISHMENT INFORMATION

FUNERAL HOME ESTABLISHMENT

FUNERAL HOME ESTABLISHMENT LICENSE PREFIX/NUMBER | FEIN/TAX ID

Both parties to this agreement understand that they must each submit a Funeral Home Establishment/Funeral Director Form immediately upon resignation or severance of connection of the above Funeral Director with the above Funeral Home Establishment. The previous relationship will stay in place for up to 15 days beyond the date of receipt of a subsequent form, which would serve to terminate such relationship. We hereby acknowledge that the Funeral Home Establishment must have one (and only one) Managing Funeral Director in order to conduct business in DC, and that this Funeral Director is not managing any other Funeral Home Establishment

FUNERAL HOME ESTABLISHMENT (Establishment Owner, Partner or Officer)

PRINT NAME _____ **DATE** _____

SIGNATURE _____ **DATE** _____

PROFESSIONALTITLE _____ **LICENSE NO.** *(If Applicable)*_____

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