

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Occupational and Professional Licensing Administration**

DC FN APP01



Board of Funeral Directors

FUNERAL HOME ESTABLISHMENT/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 /Funeral Director relationship. If you have any questions, call Pearson VUE's toll-free Customer Service line at 877-374-1158 Monday through Friday, 8AM to 5PM EST.

Section 1. REQUEST TYPE AND FEES																									
<p>Please indicate the type of request being submitted:</p> <p><input type="checkbox"/> Funeral Home Establishment, submitting first-time new license application;</p> <p><input type="checkbox"/> Funeral Home Establishment, changing Funeral Director; (requires fee)</p> <p><input type="checkbox"/> Funeral Director, terminating Funeral relationship – Section 2 only; (requires fee)</p>	<p>Make check or money order payable to Pearson VUE and mail to: Pearson VUE Dept. DC – Funeral Metro-Plex II, Suite 400 8201 Corporate Drive Landover, MD 20785</p>																								
<p>Change of Funeral Director \$ <u>30</u>.00 (Includes one new license print for the Funeral Director)</p> <p><input type="checkbox"/> Duplicate Licenses (limit 5) qty: _____ X 30.00 = \$ _____ .00</p> <p align="right">Total Enclosed \$ _____ .00</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr style="background-color: black; color: white;"> <th colspan="3" style="text-align: center; padding: 2px;">PEARSON VUE ONLY</th> </tr> <tr> <td colspan="3" style="text-align: center; padding: 2px;">New Funeral Home Establishment: BTRS B/R _____</td> </tr> <tr style="background-color: black; color: white;"> <th style="width: 33%; padding: 2px;">Check \$</th> <th style="width: 33%; padding: 2px;">Check #</th> <th style="width: 33%; padding: 2px;">Clerk</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 2px;">\$ _____ .00</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> </tbody> </table>	PEARSON VUE ONLY			New Funeral Home Establishment: BTRS B/R _____			Check \$	Check #	Clerk	\$ _____ .00														
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<p>Are you currently a Managing Funeral Director for a Funeral Home Establishment?</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> NO Please terminate my relationship with the Funeral Home Establishment, and re-issue a regular Funeral Director license for me.</p>																									
<p>MANAGING FUNERAL DIRECTOR/FUNERAL DIRECTOR</p> <p>SIGNATURE _____ DATE _____</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr style="background-color: black; color: white;"> <th style="padding: 2px;">PEARSON VUE ONLY</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 10px;"><input type="checkbox"/></td> </tr> </tbody> </table>	PEARSON VUE ONLY	<input type="checkbox"/>																						
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