



NORTH CAROLINA BOARD OF FUNERAL SERVICE

1033 WADE AVE., SUITE 108
RALEIGH, NC 27605

PHONE (919) 733-9380
FAX (919) 733-8271

2024 PROVISIONAL LICENSE RENEWAL: FUNERAL DIRECTING

INSTRUCTIONS

- 1) This application must be typed or printed legibly in ink, signed by the applicant, and notarized. Illegible applications will be returned to the applicant.
- 2) This application must be accompanied by a non-refundable fee of \$250.00.
- 3) Pursuant to 21 NCAC 34A .0202 and N.C.G.S. 25-3-506, a fee of \$35.00 will be charged for returned checks.
- 4) Provisional licenses expire on December 31, 2023. This application for renewal and applicable fee for a 2024 license are due on December 31, 2023. Pursuant to 21 NCAC 34B .0309, your license will be forfeited if not renewed on or before February 1, 2024.

1. Full Name and License Number: _____

2. Physical Address of Personal Residence: _____

City: _____ County: _____ Zip: _____

3. Mailing Address of Personal Residence (if different than Physical Address): _____

City: _____ County: _____ Zip: _____

4. Name and Address of Employer: _____

5. Work Phone #: _____ Home Phone #: _____ Cell Phone #: _____

6. E-mail address: _____

7. Has your place of employment changed since last year's renewal? Yes _____ No _____

8. Since last year's renewal, have you been convicted of any felony or misdemeanor crime(s) (excluding traffic infractions)?

Yes _____ No _____ **If yes, attach a detailed statement providing the jurisdiction, charge, and disposition of each conviction.**

9. Since last year's renewal, have you had any occupational or business license which has been denied, suspended, or revoked by any local, state, or federal agency?

Yes _____ No _____ **If yes, attach a statement providing complete details as to the reason for denial and the date, location, and details of any violation that led to action against your license, the terms of any discipline imposed by the licensing authority and whether said terms have been satisfied.**

10. Since last year's renewal, have you been the subject of any investigation for employee misclassification?

Yes _____ No _____ **If yes, attach a statement giving complete details as to the results of the investigation.**

11. Since last year's renewal, have you received credit for attending at least five (5) continuing education credits of courses approved by the Board? **Attach to this form copies of all continuing education forms in your possession showing classes attended which have not already been remitted to the Board.**

Yes _____ No _____

NC INDUSTRIAL COMMISSION PUBLIC NOTICE STATEMENT

Any worker who is defined as an employee by N.C. Gen. Stat. §§ 95-25.2(4)(NC Department Of Labor), 143-786(a)(5)(Employee Fair Classification Act), 96-1(b)(10)(Employment Security Act), 97-2(2)(Workers' Compensation Act), or 105-163.1(4)(Withholding; Estimated Income Tax for Individuals) shall be treated as an employee unless the individual is an independent contractor. Any employee who believes that the employee has been misclassified as an independent contractor by the employee's employer may report the suspected misclassification to the Employee Classification Section within the North Carolina Industrial Commission: Employee Classification Section, North Carolina Industrial Commission, 1233 Mail Service Center Raleigh, NC 27699-1233 Telephone: (919) 807-2582 Fax: (919)715-0282 Email: emp.classification@ic.nc.gov

Employee misclassification is defined as avoiding tax liabilities and other obligations imposed by Chapter 95, 96, 97, 105, or 143 of the North Carolina General Statutes by misclassifying an employee as an independent contractor.

VERIFICATION BY APPLICANT

State of North Carolina, County of _____

_____ certify that he (she) is the person who prepared the foregoing application; that he (she) has read the foregoing application and that the same is true of his (her) own knowledge except as to matters and things therein stated on information and belief and that as to such matters and things he (she) believes them to be true. The applicant understands that, should a license be granted, it may be revoked or suspended under the provisions of Article 13A, Chapter 90, General Statutes of North Carolina and the Rules and Regulations of the Board of Funeral Service adopted pursuant to said Article.

I further certify that I have read the NC Industrial Commission Public Notice Statement above and that I understand it.

Signature of Licensee

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AFFIDAVIT OF LICENSED FUNERAL DIRECTOR OR FUNERAL SERVICE LICENSEE

I, _____, duly licensed as a Funeral Director or Funeral Service licensee by the State of North Carolina, hereby certify that

_____ [Name of Applicant] is a full-time employee of _____ [Name of Funeral Establishment] where I am employed as a funeral director or funeral service licensee. I have practiced funeral service continuously for at least the previous five [5] years. I have not had any disciplinary action taken by the Board against my funeral service or funeral director license within the preceding five [5] years. Likewise, no other jurisdiction has suspended or revoked my funeral service or funeral director license during the preceding five [5] years. I hereby agree to notify the Executive Director of the Board when said Provisional Licensee ceases his or her provisional period under me.

Supervisor Signature: _____ Supervisor License No.: _____

Date: _____

STATE OF NORTH CAROLINA

COUNTY OF _____

Sworn to and subscribed before me this the _____ day of _____, 20_____.

My Commission Expires: _____

Notary Public