Dear Applicant:

The North Carolina Board of Funeral Service welcomes your application for a license or permit, and we are pleased to assist you in the completion of the requirements necessary to approve your request. All applicants for licensure or permit are required to undergo a criminal record background check pursuant to North Carolina General Statutes. We offer the following information regarding the necessary steps to begin your background check through the North Carolina State Bureau of Investigation.

The NC Board of Service offers applicants an option for the electronic submission of fingerprints to the SBI. Please note that this service is available only to North Carolina residents. Upon receipt of an application from out-of-state applicants, we will mail you the forms you will need to submit your fingerprints.

Step 1:
Please complete, print and sign the following forms which are found at www.ncbfs.org under the “For Licensees” tab and then under “Applications and Forms.” These forms are the Electronic Fingerprint Submission Release of Information and Applicant Information.

Step 2:
Take the completed forms to your local law enforcement office. They will take your fingerprints and transmit them directly through LiveScan, an electronic submission service, to the SBI. Law enforcement will return your completed documents to you.

Step 3:
Once your local law enforcement has submitted your fingerprints to the SBI, please mail a money order or certified check for $38.00 made payable to the State Bureau of Investigation along with the Electronic Fingerprint Submission Release of Information form and the Applicant Information form to:

Individual Licensing Coordinator
NC Board of Funeral Service
1033 Wade Avenue, Suite 108
Raleigh, North Carolina 27605

Please contact the Board at 919.733.9380 if you have questions.

Sincerely,

Stephen E. Davis
Stephen E. Davis
Executive Director

1033 Wade Avenue, Suite 108, Raleigh, North Carolina 27605-1158
919.733.9380 FAX: 919.733.8271 Toll Free: 1.800.862-0636 www.ncbfs.org
I authorize the NC State Bureau of Investigation [SBI] to perform a national criminal history record check in connection with my application for licensure with the NC Board of Funeral Service. I understand that the State Bureau of Investigation, the Federal Bureau of Investigation, its officials and employees shall not be held legally accountable in any way for providing this information to the above-named agency. I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information.

______________________________________________                  _______________________
Applicant or Licensee Signature                          Date

I authorize the above-named individual to be fingerprinted and have the fingerprints submitted to the SBI electronically.

_____________________
Stephen E. Davis

Authorized Official’s Signature                     Stephen E. Davis, Executive Director

Authorized Official’s Printed Name/Title

NC Board of Funeral Service

Agency Name

BOMS 00000

Agency OCA #

1033 Wade Avenue, Suite 108, Raleigh, North Carolina  27605

Agency Address

919   733-9380

Agency Telephone Number

For Law Enforcement:

I certify that I have taken the fingerprints of the above-named subject and forwarded them electronically to the State Bureau of Investigation.

______________________________________________                  _______________________
Signature of Official Taking Fingerprints                          Date

☐ By checking this box, I understand my rights to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.

Please mail this completed form to the NC Board of Funeral Service when fingerprints have been taken and submitted.    Do Not    send this form to the NC State Bureau of Investigation.
Please Print the Following Information:

Last Name: ___________________________________ Date of Birth: ___________________________________
First Name: ___________________________ Place of Birth: ___________________________________
Middle Name: ___________________________ Residence: ___________________________________
Maiden Name: ___________________________
Aliases: ____________________________________________________________

Gender: _______ Male _______ Female
Race: ________________________________
   W – White    B – Black    I – American Indian
   A – Asian or Pacific Islander    U – Unknown

Height: ________________
Weight: ________________
Eye Color: __________________________________________________________
   BLK – Black    GRY – Gray    MAR – Maroon
   BLU – Blue    BRO – Brown    GRN – Green
   HAZ – Hazel    PNK – Pink    XXX – Unknown

Hair Color: __________________________________________________________
   BAL – Bald    BLK - Black    BLN – Blonde or Strawberry
   BRO – Brown    GRY – Gray or Partially Gray
   RED – Red or Auburn    SDY - Sandy

Employer and Address: NC Board of Funeral Service
   1033 Wade Avenue, Suite 108, Raleigh, NC 27605

Reason Fingerprinted: STATE AND FEDERAL
   N.C.G.S. 90-210.25

Your Case Number (OCA): BOMS00000

Type of Transaction: NFUF Non fed-User Fee
NC FP Card Type: OTH OTHER

**Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.