Bureau of Professional Licensing
PO Box 30670 ● Lansing, MI 48909
Telephone: (517) 241-9288
www.michigan.gov/bpl
BPLHelp@michigan.gov

APPLICATION FOR MORTUARY SCIENCE RESIDENT TRAINEE LICENSE, RELICENSURE OR CHANGE OF SPONSOR

Authority: 1980 PA 299, MCL 338.3434a, and 42 USC 654

Print or Type Clearly

Name (First, Middle, Last)		Date of Birth	U.S. Social Security Number
Address	City	State	Zip Code
Telephone Number	E-mail Address		
Name of Funeral Establishment		Establishment Permanent ID Number	
Address of Funeral Establishment		Telephone Number	
Name of Sponsor		Sponsor Permanent ID Number	

If you answer "yes" to this question, you must complete and submit the Request for Conviction History form AND submit documentation which shows at the current time you have the ability to, and are likely to, serve the public in a fair, honest, and open manner, that you are rehabilitated, or that the substance of the former offense is not reasonably related to the occupation or profession for which you are seeking a license. Documentation may include a certificate of employability, if applicable.

Since you have been licensed, have you ever been convicted of a felony not previously reported to the Department for this license type or occupation?

☐ Yes ☐ No

Complete this question for relicensure/reinstatement only: Do you have any unsatisfied penalties and conditions imposed by disciplinary action in this state or any other jurisdiction?

☐ Yes ☐ No

Do you have a high school diploma or its equivalent?

☐ Yes ☐ No

Required Additional Documents

- If requesting a fee waiver as an individual who served in the armed forces - form DD214, DD215, or any other form acceptable to the Department that demonstrates you were separated from service with an honorable character of service or under honorable conditions (general) character of service.

Certification

I certify that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I agree the Department is required by law to obtain my social security number pursuant to MCL 338.3434a.

Signature _____ Date _____

CHECK THE REGISTRATION TYPE		
☐ New Application - Veteran (see required additional documents)	Fee Waived	
☐ New Application	$45.00	4501-05
☐ Relicensure	$65.00	4501-06
☐ Change of Sponsor	$10.00	4501-32

Make your check or money order in U.S. Currency payable to:

STATE OF MICHIGAN

FEES ARE AUTHORIZED BY THE STATE LICENSE FEE ACT, 1979 PA 152, AND ARE NOT REFUNDABLE.

FOR OFFICE USE ONLY	
License Number	Issue Date

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.