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 LICENSE, RECIPROCAL LICENSE OR RELICENSURE

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

Print or Type Clearly

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

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

Do you have any unsatisfied penalties and conditions imposed by disciplinary action in this state or any other jurisdiction? (relicensure only)

☐ Yes ☐ No

Required Additional Documents

- Transcripts
- National Exam Scores
- Final "Embalming and Resident Trainee Rating Report" record (for new applicants only if the report has not been received by our office)
- A certified statement from the examining board of the state in which you hold a license that shows the basis on which the license was granted, and whether that board has suspended, revoked, or limited that license (for reciprocal applicants only).
- 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 LICENSE TYPE			FOR OFFICE USE ONLY	
☐ New Mortuary Science License - Veteran (see required additional documents)	Fee Waived		License Number	Issue Date
If applying between July 4 of an EVEN year and July 3 of an ODD year:				
☐ New License	$ 60.00	45-01-01		
☐ Reciprocal License	$ 60.00	45-01-09		
☐ Relicensure	$ 80.00	45-01-06		
If applying between July 4 of an ODD year and July 3 of an EVEN year:				
☐ New License	$100.00	45-01-01		
☐ Reciprocal License	$100.00	45-01-09		
☐ Relicensure	$120.00	45-01-06		

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.

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.