

Michigan Department of Licensing and Regulatory  
 Affairs Corporations, Securities & Commercial Licensing  
 Bureau Schools and Licensing Section  
 P.O. Box 30018, Lansing, MI 48909  
 517-241-9221  
[www.michigan.gov/mortuaryscience](http://www.michigan.gov/mortuaryscience)

FOR OFFICE USE ONLY	
Approved By:	
Date Approved:	
License Number	

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

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

Penalty: FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DENIAL OF THE APPLICATION AND/OR DISCIPLINARY ACTION.

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	

I have the ability and will serve the public in a fair, honest and open manner. If I have had a judgement of guilt in a criminal proceeding or a civil action against me, I am rehabilitated, or the substance of my former offense is not reasonably related to the occupation or profession for which I am seeking a license.

Yes No

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

FEE PAYMENT INFORMATION (CHECK ONE BOX)		FOR OFFICE USE ONLY	FOR OFFICE USE ONLY - VALIDATION
New Application - Veteran (see required additional documents)	Fee Waived		
New Application	\$45.00	4501-05 = \$45.00	
Relicensure	\$65.00	4501-06 = \$65.00	
Change of Sponsor	\$10.00	4501-32 = \$10.00	
Reinstatement*	\$15.00	4501-50 = \$15.00	
*Only if license is currently suspended or revoked			

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

**STATE OF MICHIGAN**

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