



## 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.

THIS APPLICATION MUST BE COMPLETED AND SIGNED BY BOTH THE APPLICANT AND SPONSOR.

Applicant's Name (First, Middle, Last)		Date of Birth	U.S. Social Security Number
Address	City	State	Zip Code
Telephone Number		E-mail Address	

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

### APPLICANT 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

### Required Additional Documents

- If requesting a fee waiver as a veteran 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.
- If requesting a fee waiver as an individual who is a member of the armed forces or uniformed services, or a dependent of a member of the armed forces, a member of the uniformed services, or a veteran, submit a copy of Military ID, Common Access Card, or other documentation acceptable to the Department that demonstrates you are a dependent.

FEE PAYMENT INFORMATION (CHECK ONE BOX)	FOR OFFICE USE ONLY	FOR OFFICE USE ONLY																													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">New Application - Armed Forces</td> <td style="width: 10%; text-align: center;">Fee Waived</td> <td colspan="2"></td> </tr> <tr> <td style="padding-left: 20px;">Active    Veteran    Dependent</td> <td></td> <td colspan="2"></td> </tr> <tr> <td>New Application</td> <td style="text-align: center;">\$45.00</td> <td colspan="2">4501-05 = \$45.00</td> </tr> <tr> <td>Relicensure</td> <td style="text-align: center;">\$65.00</td> <td colspan="2">4501-06 = \$65.00</td> </tr> <tr> <td>Change of Sponsor</td> <td style="text-align: center;">\$10.00</td> <td colspan="2">4501-32 = \$10.00</td> </tr> <tr> <td>Reinstatement*</td> <td style="text-align: center;">\$15.00</td> <td colspan="2">4501-50 = \$15.00</td> </tr> <tr> <td colspan="4" style="font-size: small;">*Only if license is currently suspended or revoked</td> </tr> </table>	New Application - Armed Forces	Fee Waived			Active    Veteran    Dependent				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					License Number:  Approved By:                      Date Approved:	
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STATE OF MICHIGAN																															
FEES ARE AUTHORIZED BY THE STATE LICENSE FEE ACT, 1979 PA 152, AND ARE NOT REFUNDABLE.																															

Name of Funeral Establishment	Establishment License Number
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Address of Funeral Establishment
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City	State	Zip Code	Telephone Number
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Name of Sponsor	Sponsor License Number
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**SPONSOR CERTIFICATION**

I certify that I meet the qualifications of R 339.18901(c) and MCL 339.1808(4) as a sponsor. I certify that I will provide direct supervision and instruct this trainee as required by the provision of R339.18925.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date