



APPLICATION FOR MORTUARY SCIENCE RESIDENT TRAINEE LICENSE, THIRD RENEWAL

Authority: PUBLIC HEALTH EPIDEMIC ORDER ISSUED 5/4/2020 BY MDHHS

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
License Number	Telephone Number	E-mail Address	

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

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

FEE PAYMENT INFORMATION (CHECK ONE BOX)		FOR OFFICE USE ONLY		
Third Renewal	\$30.00	4501-18 = \$30.00	License Number:	
			Approved By:	Date Approved:
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.				

Name of Funeral Establishment		Establishment License Number	
Address of Funeral Establishment			
City	State	Zip Code	Telephone Number
Name of Sponsor		Sponsor License Number	
<p>SPONSOR CERTIFICATION</p> <p>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.</p>			
<p>_____</p> <p>Signature</p>		<p>_____</p> <p>Date</p>	