



APPLICATION FOR MORTUARY SCIENCE LICENSE, RECIPROCAL LICENSE OR RELICENSURE

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)		U.S. Social Security Number	Date of Birth
Address		City	State
			Zip Code
License Number	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 judgment 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

- 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 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.

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

FEE PAYMENT INFORMATION (CHECK ONE BOX)	FOR OFFICE USE ONLY	FOR OFFICE USE ONLY	
New Mortuary Science License - Armed Forces Fee Waived Active Veteran Dependent (see required additional documents)		License Number	
If applying between July 4 of an <u>EVEN</u> year and July 3 of an <u>ODD</u> year:		Approved By:	Date Approved:
New License \$ 60.00	45-01-01 = \$60.00		
Reciprocal License \$ 60.00	45-01-09 = \$60.00		
Relicensure \$ 80.00	45-01-06 = \$80.00		
If applying between July 4 of an <u>ODD</u> year and July 3 of an <u>EVEN</u> year:			
New License \$100.00	45-01-01 = \$60.00; 45-01-07 = \$40.00		
Reciprocal License \$100.00	45-01-09 = \$60.00; 45-01-07 = \$40.00		
Relicensure \$120.00	45-01-06 = \$120.00		
Reinstatement (Only if license is currently suspended or revoked)			
Mortuary Science License \$20.00	45-01-50 = \$20.00		
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.			