

GEORGIA STATE BOARD OF FUNERAL SERVICE

237 Coliseum Dr., Macon, Georgia 31217

478-207-2440 / Fax 866-888-8026

www.sos.ga.gov

CHANGE OF FUNERAL DIRECTOR IN FULL AND CONTINUOUS CHARGE

Information and Instructions for Completing these Forms

Info to know before completing the application: (Review more info in OCGA § 43-18-71)

- The Funeral Director in Full and Continuous Charge ("FDFCC") is charged by the Georgia State Board of Funeral Service ("Board") to assume full responsibility for the supervision and operation of the funeral establishment.
- Regardless of ownership, the FDFCC is responsible to ensure that the funeral establishment is in total compliance with the laws and rules governing the funeral service profession.
- The FDFCC shall act as such for only the establishment for which the FDFCC has been approved.
- The FDFCC is required to spend a minimum of forty (40) hours per week in the employ and operation of the establishment or crematory.
- If the FDFCC is unable to spend the required hours at the establishment or crematory, the Board has the authority to evaluate whether the FDFCC has the ability to be accessible and available to the community when necessary to discharge the duties of FDFCC for the establishment or crematory.
- Should the FDFCC decide to end employment with the funeral establishment, the FDFCC is required to notify the Board in writing within five (5) days of leaving the employ of the funeral establishment.
- The FDFCC is required to notify the Board of any change in the status of the funeral establishment.
- If the establishment employs apprentices, the FDFCC is responsible for ensuring that the registration information on each apprentice is current with the Board; i.e.,
 - the establishment is reflected on the apprentice's registration card
 - the Board has the correct supervisor(s) assigned to the apprentice

Failure to do so may result in the Board's denial of apprentice hours credited to the apprentice and disciplinary action against the license of the FDFCC.

Info on completing the application:

- All required sections of this application must be completed, signed and notarized as indicated.
- If the FDFCC applicant has other employment,
 - Affidavit of Other Employment must be signed and notarized
 - Form C must be completed, signed and notarized
- Non-refundable and non-transferable fee must accompany this application.

**GEORGIA STATE BOARD OF FUNERAL SERVICE
FEE SCHEDULE**

FUNERAL ESTABLISHMENT AND CREMATORY

INITIAL APPLICATION FEE - FUNERAL ESTABLISHMENT	\$150.00
INITIAL APPLICATION FEE - CREMATORY	\$150.00
RENEWAL - IF RECEIVED ON OR BEFORE JUNE 30 OF RENEWAL YEAR	\$140.00
LATE RENEWAL - RECEIVED BETWEEN JULY 1 AND JULY 31 OF RENEWAL YEAR	\$390.00
CHANGE OF ESTABLISHMENT NAME	\$150.00
CHANGE OF ESTABLISHMENT LOCATION / ADDRESS	\$150.00
CHANGE OF FUNERAL DIRECTOR IN FULL AND CONTINUOUS CHARGE	\$ 50.00
CHANGE OF OWNERSHIP	NO FEE
RE-INSPECTION, IF INITIAL INSPECTION IS FAILED	\$100.00

APPRENTICESHIP REGISTRATION

INITIAL APPLICATION FEE - APPRENTICESHIP	\$ 40.00
RENEWAL - Received on or before March 31 of Renewal Year	\$ 70.00
LATE RENEWAL – Received between April 1 and April 30 of Renewal Year	\$140.00
REINSTATEMENT OF APPRENTICESHIP REGISTRATION (At Board's Discretion)	\$180.00
CHANGE OF LOCATION	\$ 20.00
CHANGE OF SUPERVISING EMBALMER &/ OR FUNERAL DIRECTOR	\$ 20.00
CERTIFICATION OF APPRENTICESHIP HOURS	\$ 25.00

EMBALMER AND FUNERAL DIRECTOR

Embalmer - APPLICATION FEE	\$ 50.00
Embalmer - APPLICATION FEE – License by Endorsement or Reciprocity	\$175.00
Embalmer - RENEWAL FEE – Received on or before March 31 of Renewal Year	\$100.00
Embalmer - LATE RENEWAL FEE – Received between April 1 and April 30 of Renewal Year	\$200.00
Embalmer - REINSTATEMENT FEE – (Reinstatement is at Board's discretion after April 30 th of renewal year)	\$300.00
Funeral Director - APPLICATION FEE	\$ 50.00
Funeral Director - APPLICATION FEE – License by Endorsement or Reciprocity (Must have a valid Georgia Embalmer License)	\$175.00
Funeral Director - RENEWAL FEE – Received on or before March 31 of Renewal Year	\$100.00
Funeral Director - LATE RENEWAL FEE – Received between April 1 and April 30 of Renewal Year	\$200.00
Funeral Director REINSTATEMENT FEE– (Reinstatement is at Board's discretion after April 30 th of renewal year)	\$300.00
Funeral Director and Embalmer APPLICATION FEE – if applying for both license types through License by Endorsement or Reciprocity – (Does not include GA Law & Rules Exam Fee)	\$350.00
Change of Name / Address Processing Fee	\$ 25.00
APPLICATION FEE - Inactive Status Application for each license type	\$ 35.00
APPLICATION FEE – Reactivation of each license type	\$100.00
EXAMINATION – Georgia Laws & Rules Examination is given by PSI; 800-733-9267; www.psiexams.com	
NATIONAL EXAMINATION: Contact The Conference at 479-442-7076; www.theconferenceonline.org	
DUPLICATE LICENSE (blue card)/WALL CERTIFICATE (may order thru website)	\$ 25.00
DECORATIVE WALL CERTIFICATE, EACH LICENSE (submit paper form)	\$ 50.00
APPLICATION FOR APPROVAL AS A CONTINUING EDUCATION PROVIDER (must submit at least one completed CE course for board review)	\$250.00

NOTE: Checks or money orders are payable to GEORGIA STATE BOARD OF FUNERAL SERVICE. Fees may be changed at the discretion of the Board without prior notice. Application Fees are non-refundable. Other refund requests must be in writing. Returned checks will incur fees in accordance with Code Section 16-9-20 of the Criminal Code of Georgia.



**Georgia State Board of
Funeral Service**
237 Coliseum Drive • Macon, GA 31217
Phone (478) 207-2440
www.sos.ga.gov/plb/funeral

Date Entered _____
Receipt # _____
Submitted \$ _____
Date Issued _____

**APPLICATION FOR CHANGE OF
FUNERAL DIRECTOR IN
FULL AND CONTINUOUS CHARGE ("FDFCC")**

\$50 non-refundable application fee must be submitted with application.

1. FDFCC Applicant Name
to appear on License:

_____ LAST FIRST MIDDLE MAIDEN

2. FDFCC License #: FD _____ Embalmer License #: EMB _____

3. Social Security # ¹: _____ - _____ - _____ Date of Birth: _____

¹ This information is authorized to be obtained & disclosed to state & federal agencies pursuant to O.C.G.A. § 19-11-1 & O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 & 20 U.S.C.A. § 101.

4. Gender: Male Female

5. Residential Address:

PHYSICAL ADDRESS - NUMBER AND STREET NAME REQUIRED (P.O. BOX NOT ACCEPTABLE)

_____ CITY STATE ZIP APT #

6. Mailing ²
Address:

(P.O. BOX ACCEPTABLE)

² O.C.G.A. §43-1-2 (k) Your name, mailing address and license number are public information and will appear on Secretary of State's website

_____ CITY STATE ZIP APT #

7. Daytime Phone # _____ Evening Phone # _____

8. E-mail Address ³: _____ FAX _____

³ Required for communication with Board staff. Your email will not be shared with third parties.

Funeral Establishment at which you desire to be FDFCC:	Establishment License #:
Physical Location Address (PO Box not acceptable): Street:	Phone #
City, State, Zip:	Website:

Establishment Ownership Type: ____ Sole Proprietorship ____ Partnership ____ Corporation / LLC

Legal Ownership: (for Sole Proprietor/Partnership, list individual name(s); for Corporation/LLC, list Corporate/LLC Name):

GEORGIA STATE BOARD OF FUNERAL SERVICE
FUNERAL DIRECTOR IN FULL AND CONTINUOUS CHARGE

Background Questionnaire

The following questions must be answered by the applicant. If "yes" is answered to any question, documentation/explanation must be provided, including certified documentation such as court dispositions, board disciplinary action reports, etc.

Yes	No	Has any license issued to you by any board, agency, or licensing authority in any state, including Georgia, been revoked, suspended, or otherwise sanctioned?
Yes	No	Have you ever been denied issuance of, or pursuant to any disciplinary proceedings, been refused renewal of a license by any board, agency, or licensing authority in any state, including Georgia?
Yes	No	Have you knowingly failed to renew a license during an investigation or disciplinary action?
Yes	No	Have you been subject to disciplinary action or had your membership revoked by a professional organization governing the practice of that profession?
Yes	No	To the best of your knowledge, is there any disciplinary action pending against you by any licensing board or professional organization?
Yes	No	Have you ever been arrested, charged, convicted, or sentenced for any felony, misdemeanor, DUI, DWI, or any crime involving moral turpitude? If yes, attach a certified copy of the court disposition and a notarized statement on agency letterhead from the probation officer giving current status of probation.
Yes	No	Have you ever entered a plea of guilty or nolo contendere, or been given First Offender status for any felony, misdemeanor, DUI, DWI, or any crime involving moral turpitude? If yes, attach a certified copy of the court disposition and a notarized statement on agency letterhead from the probation officer giving current status of probation.
Yes	No	Are you <u>unable</u> to practice with reasonable skill and safety due to use of alcohol, drugs, narcotics, chemicals or any other types of material?
Yes	No	Are you <u>unable</u> to practice with reasonable skill and safety due to illness, or as a result of any mental or physical condition? If yes, attach a notarized physician's statement.
Yes	No	Have you had any suit filed against you related to the practice of a profession?

AFFIDAVIT

I hereby swear or affirm that the answers and information contained in this section of the application are true, complete, and correct. I understand that making a false or misleading statement on this form is a crime and may result in criminal prosecution, and may result in my being denied a license from the Georgia State Board of Funeral Service. (See O.C.G.A. § 43-1-19, O.C.G.A. §16-10-71.)

Sworn to and subscribed before me this

____ day of _____, _____.

Applicant Signature

 Applicant Name (printed)

 Notary Public

My Commission Expires: _____

 Date

Notary Seal

Georgia Bureau of Investigation
Georgia Crime Information Center

CONSENT FORM

I hereby authorize _____ to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (Print)

Address, City, State, County, Zip

Sex

Race

Date of Birth

Social Security Number

By signing this form, I acknowledge that I have been informed of the Non-Criminal Justice applicant's Privacy Rights and the Privacy Act Statement (title 28 United States Code § 534).

Signature

Date

.....
Special employment provisions (check if applicable):

Employment with mentally disabled (Purpose code "M")

Employment with elder care (Purpose code "N")

Employment with children (Purpose code "W")

One of the following must be checked:

This authorization is valid for 90 / 180 / ____ (circle one) days from date of signature.

I, _____, give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.