

GEORGIA STATE BOARD OF FUNERAL SERVICE

237 Coliseum Dr.

Macon, GA 31217

478.207.2440

www.sos.ga.gov/plb/funeral

APPLICATION FOR LICENSE TO BE CHANGED TO INACTIVE STATUS (must be submitted prior to the expiration date of the currently active license)

GENERAL INFORMATION

Info to know about inactive license status:

250-6-.04 Inactive Status.

A person must have a current Georgia license in order to apply for inactive status.

(a) A funeral director or embalmer who holds a current license and who will not practice funeral directing or embalming in Georgia may apply for inactive status by completing an application for inactive status and submitting the appropriate fee (see Fee Schedule) to the Board. Once the license is on inactive status, an embalmer or funeral director **shall not** practice embalming or funeral directing in the State of Georgia while that license is on Inactive Status.

(b) In order to place a license on inactive status, the license must be in good standing and the licensee must show that he/she has met continuing education hours which will be required at their next renewal.

(c) A funeral director or embalmer who wishes to reactivate an inactive license must submit to the Board an Application to Reactivate, appropriate fee, and documentation of continuing education.

1. If the request to reactivate is received more than two years but less than four years from the date on which inactive status was approved, the licensee must document five (5) continuing education hours.

2. If the request to reactivate is received four or more years after the date on which inactive status was approved, the licensee must document 10 continuing education hours and take and pass the State Laws and Rules Examination, notwithstanding the fact that he/she may have passed the Laws and Rules Examination on a prior date.

APPLICATION PROCEDURE

- Submit the Application for License to be Change to Inactive Status **prior to the expiration date of the license(s)**, along with the non-refundable fee, the original license(s) issued to you by the Board, and a copy of your certification(s) of completion of 10 (ten) hours of continuing education required for the next renewal period.
- Upon satisfactory submission of the application package, your license(s) will be placed on Inactive Status. You will be notified in writing of the change in your license status.
- During Inactive Status, you **may not practice** as a funeral director or embalmer.

GEORGIA STATE BOARD OF FUNERAL SERVICE

237 Coliseum Dr., Macon, GA 31217
478.207.2440 - www.sos.ga.gov/plb/funeral

**APPLICATION FOR LICENSE TO BE
CHANGED TO INACTIVE STATUS**

*(must be submitted prior to the expiration date
of the currently active license)*

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

Embalmer License # EMB _____ - \$35.00 fee*
*(non-refundable)

Funeral Director License # FD _____ - \$35.00 fee*
*(non-refundable)

Name as appears on
current license:

Social Security # ¹:

□□□□ - □□□□ - □□□□

Date of Birth:

□□□□ - □□□□ - □□□□□□

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.

Residential Address:

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

APT #

_____ CITY STATE ZIP - _____

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 - _____

Daytime Phone #

□□□□ - □□□□ - □□□□□□

Evening Phone #

□□□□ - □□□□ - □□□□□□

E-mail Address ³:

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

I hereby make application to place my current, valid embalmer and/or funeral director, as indicated above, on Inactive Status in accordance with Board Rule 250-6-.04. As required, enclosed with this application are:

- My original license(s) for which I am applying for Inactive Status;
- Documentation of 10 (ten) Continuing Education hours;
- The non-refundable fee for the license(s) indicated.

I attest that I am not practicing embalming or funeral directing in Georgia, and I will not practice embalming or funeral directing in Georgia until I have requested and been approved by the Board to reactivate my license(s).

Signature of Applicant

Subscribed and sworn to before me
this _____ day of _____, _____

_____/_____/_____
Date

Notary Public
My Commission Expires _____

NOTARY SEAL