



Georgia Board of Funeral Service

Initial and Second 90-Day Grace Period Requests

What You Need To Know About Grace Periods

A funeral establishment may request an initial grace period in which to operate while making arrangements to secure an acceptable Funeral Director in Full & Continuous Charge. The establishment owner must notify the Board within 5 days of the departure of the FDFCC. At the time of notice, the owner may submit either an Application for Change of FDFCC or submit a written request for a 90-day Grace Period, according to Rule 250-6-.02. The Board will consider the request at the next scheduled meeting and will notify the establishment in writing if the grace period is approved.

If an application for a new FDFCC is submitted, the Board will notify the establishment owner and FDFCC applicant in writing of their appointment date and time to meet with the Board.

Apprentices supervised by the former FDFCC must apply for a Change of Supervisor, and the Board must approve of the new supervisor prior to the apprentice's performance of any work and earning of any hours credited towards completion of apprenticeship.

A second 90-day Grace Period may be requested in order to secure a new FDFCC; however, the second Grace Period is at the discretion of the Board, according to Rule 250-6-.02. The Board cannot grant more than two 90-day grace periods to a funeral home or crematory establishment within the same two-year period beginning with the date of the initial grace period.

The funeral director must be a resident of Georgia and must be able to work a minimum of 40 hours per week in the employ of the funeral establishment as funeral director in full and continuous charge. Review O.C.G.A. § 43-18-71, Rule 250-6-.08, and Rule 250-6-.09 for additional information and an overview of FDFCC responsibilities.

How to Request a Grace Period

Complete and submit to the Board the Initial Request section of the **Grace Period Request** form.

After a decision has been made by the Board, the request form will be returned to you indicating the Board's approval or denial of the request.

If a second grace period is needed, complete the Second Request section of the same form and resubmit the form to the Board. Your request will be submitted to the Board at the next scheduled meeting.

After the Board considers your request, the form will be returned to you with the decision of the Board indicated.

If a second 90-day Grace Period is approved, no further extension may be granted for the next two years, beginning with the date of the initial grace period.



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Initial and Second 90-Day Grace Period Request Form

Initial Request

Name of Firm: _____ Establishment Number: _____

Mailing Address: _____ Email: _____

City & State _____ Zip Code: _____

Former FDFCC: _____ Date last served as FDFCC: _____

Apprentices supervised by former FDFCC? ____ Yes ____ No

List the licensed Funeral Director or Directors who will be serving the firm during the Grace Period:

Name: _____ License Number: _____

Name: _____ License Number: _____

Initial Request Date: _____
Signature of owner or person authorized to act for ownership

Second Request

List the licensed Funeral Director or Directors who will be serving the firm during the Grace Period:

Name: _____ License Number: _____

Name: _____ License Number: _____

I understand that if an approved FDFCC candidate is not presented to the Board by the end of the second 90-day grace period, no further consideration may be given, and I agree to suspend operations of the establishment until an approved FDFCC can be presented to the Board. No further extension may be granted for the next two years.

Second Request Date: _____
Signature of owner or person authorized to act for ownership

(Board Use Only)

Resignation or notification of FDFCC departure received? ____ Yes ____ No Date: _____

Initial 90-day grace period

Second 90-day grace period

Begins: _____

Begins: _____

Ends: _____

Ends: _____

(Expires 90 days from the last date worked by former FDFCC)

(Expires 90 days from the expiration of the 1st 90-day period)

Approved / Denied Date: _____

Approved / Denied Date: _____

Authorized Signature

Authorized Signature