

GEORGIA STATE BOARD OF FUNERAL SERVICE

237 Coliseum Dr., Macon, Georgia 31217

404-424-9966

www.sos.ga.gov

CHANGE OF FUNERAL DIRECTOR IN FULL AND CONTINUOUS CHARGE

Information and Instructions for Completing these Forms

Read this 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 or crematory.
- Regardless of establishment 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 is authorized to evaluate if 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.
- The FDFCC is required to notify the Board in writing within five (5) days of leaving the employ of a funeral establishment or crematory.
- The FDFCC is required to notify the Board of any change in the status of the funeral establishment or crematory.
- If the establishment employs apprentices, the FDFCC is responsible for ensuring that the registration information for each apprentice is current with the Board. For example,
 - the establishment is reflected on the apprentice’s registration card
 - the Board records have the correct supervisor(s) assigned to the apprentice

Failure to do so may result in disciplinary action against the FDFCC’s license and the apprentice being denied apprenticeship credit hours.

Additional information 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:
 - the Affidavit of Other Employment must be signed and notarized; and
 - Form C must be completed, signed and notarized
- The non-refundable and non-transferable fee(s) must accompany this application.
- If you are applying to be the FDFCC of a crematory you are required to be certified as a crematory operator and submit proof of current certification with this application.
- You must submit a copy of your current Secure and Verifiable Document(s) such as driver’s license, passport, or other approved document.

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

Note: Fees are non-refundable. All applications should include an additional \$10.00 processing fee for paper applications and an additional \$5.00 processing fee for online applications.

FUNERAL ESTABLISHMENT		CREMATORY ESTABLISHMENT	
Initial Application Fee	\$150.00	Initial Application Fee	\$150.00
Renewal Fee – on or by March 31 of renewal year	\$140.00	Renewal Fee – on or by March 31 of renewal year	\$140.00
Late Renewal Fee – April 1 - April 30 of renewal year	\$390.00	Late Renewal Fee – April 1 - April 30 of renewal year	\$390.00
Licenses not renewed by May 1 of renewal year will be lapsed - requires reinstatement, at Board's discretion		Licenses not renewed by May 1 of renewal year will be lapsed - requires reinstatement, at Board's discretion	
Change of Establishment Name	\$150.00	Change of Establishment Name	\$150.00
Change of Establishment Location/Address	\$150.00	Change of Establishment Location/Address	\$150.00
Change of Funeral Director In Full And Continuous Charge	\$50.00	Change of Funeral Director In Full And Continuous Charge	\$50.00
Change of Ownership	No Fee	Change of Ownership	No Fee
Re-Inspection, If Initial Inspection Is Failed	\$100.00	Re-Inspection, If Initial Inspection Is Failed	\$100.00
FUNERAL DIRECTOR		EMBALMER	
Initial Application Fee	\$50.00	Initial Application Fee	\$ 50.00
Initial Application Fee for License by Endorsement or Reciprocity - must hold a current/valid Georgia Embalmer License	\$175.00	Initial Application Fee for License By Endorsement or Reciprocity	\$175.00
Renewal – on or by March 31 of renewal year	\$100.00	Renewal - on or by March 31 of renewal year	\$100.00
Late Renewal – April 1 - April 30 of renewal year	\$200.00	Late Renewal – April 1 - April 30 of renewal year	\$200.00
Reinstatement –At Board's Discretion, After April 30 of renewal year	\$300.00	Reinstatement –At Board's Discretion, After April 30 of renewal year	\$300.00
EMBALMER + FUNERAL DIRECTOR		APPRENTICESHIP	
Initial Application Fee for BOTH License types by Endorsement or Reciprocity – does not include GA Law & Rules Exam Fee	\$350.00	Initial Registration Fee	\$40.00
		Renewal – on or by March 31 of renewal year	\$70.00
INACTIVE STATUS / REACTIVATION		Late Renewal –April 1 - April 30 of renewal year	\$140.00
Inactive Status Application Fee, per license type	\$ 35.00	Reinstatement required after May 1 of renewal year	\$180.00
Reactivation Fee, per license type	\$100.00	Change of Apprenticeship Location	\$ 20.00
EDUCATION PROVIDERS		Change of Supervising Embalmer and/or Funeral Director	\$ 20.00
Application for Approved Continuing Education Provider (submit at least 1 completed CE course for board review)	\$250.00	Verification of Apprenticeship Hours	\$ 35.00
EXAMINATION INFO		OTHER FEES	
Georgia Laws & Rules Exam is given by PSI; 800-733-9267; www.psiexams.com National Exam – contact The Conference at 479-442-7076; www.theconferenceonline.org		License Verification Letter (order online)	\$ 35.00
		Duplicate License (blue card)/Wall Certificate (may order thru website)	\$ 25.00
		Decorative Wall Certificate, per license type	\$ 50.00

NOTE: Check or money order 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 - 404-424-9966
www.sos.ga.gov

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

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

\$50 non-refundable application fee + \$10 processing fee must be submitted with application.

Please check this box if you are a military spouse or a transitioning service member of the United States armed forces (including the National Guard).

1. FDFCC Applicant Name
to appear on License:

LAST FIRST MIDDLE MAIDEN

2. FDFCC License #: FD _____ Embalmer License #: EMB _____ Date(s) Initially Licensed: _____

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

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)

APT #

CITY STATE ZIP - APT #

6. Mailing²
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 Address³: _____ 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

Ownership/Relationship Information

Complete this section if the business is a **SOLE PROPRIETORSHIP**

Owner Name: _____ Telephone: _____

Residence: _____
Street (PO Box not allowed), City, State, Zip

Signature: _____

Complete this section if the business is a **CORPORATION** or a **LIMITED LIABILITY COMPANY (LLC)**

Date registered with GEORGIA SECRETARY OF STATE: _____

Legal Business Name: _____

PRINCIPAL OFFICERS (attach additional pages if necessary):

Name Title Telephone

Residence: _____ **Signature:** _____
Street (PO Box not acceptable), City, State, Zip

Name Title Telephone

Residence: _____ **Signature:** _____
Street (PO Box not acceptable), City, State, Zip

Name Title Telephone

Residence: _____ **Signature:** _____
Street (PO Box not acceptable), City, State, Zip

Complete this section if the **BUSINESS IS A PARTNERHIP**

Partners (attach additional pages if necessary):

Name Title Telephone

Residence: _____
Street (PO Box not acceptable), City, State, Zip

Signature: _____

Name Title Telephone

Residence: _____
Street (PO Box not acceptable), City, State, Zip

Signature: _____

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 showing court dispositions, board disciplinary action reports, etc., as well as a personal, detailed letter of explanation regarding each incident.

Have you ever been arrested? <i>Note: The answer to this question is "Yes" if an arrest or conviction has been pardoned, expunged, dismissed or deferred, you pled and completed probation under First Offender and/or your civil rights have been restored and/or you have received legal advice that the offense will not appear on your criminal record.</i>	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
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?	Yes	No

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

 Date

My Commission Expires: _____

Notary Seal



Office of the Secretary of State
Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize the Georgia State Board of Funeral Service to conduct an inquiry for the purpose listed below
 Agency/Company
 and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

Please check ONLY one of the boxes listed below:

- This authorization is valid for _____ days from date of signature.
- I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

 Signature Date

AREA BELOW IS FOR AGENCY USE ONLY

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	P - Public Records (no consent required)
<input type="checkbox"/>	F - Probate Court / Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U - Personal Copy
CRIMINAL JUSTICE	
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & III Info Received)

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____
 Wanting Agency Telephone: _____
 Agency Designee Signature and Title: _____ Date: _____

GEORGIA STATE BOARD OF FUNERAL SERVICE

CHANGE OF FDFCC APPLICATION

AFFIDAVIT

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Funeral Service, and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1 (mark either 1 or 2 below as it applies to your status):

1) _____ I am a United States citizen 18 years of age or older. You must submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other approved document.

2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. You must submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA") provides that "[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law's website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General." O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status. This list may be found on the Board's website at this address:

<http://sos.ga.gov/admin/files/svd2013.pdf>

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has attached at least one Secure and Verifiable Document, as required by O.C.G.A. § 50-36-2, with this Affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

State of Georgia, County of _____

_____ Print name of Applicant

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

_____ Signature of Applicant

Notary Public
My Commission expires: _____

NOTARY SEAL (legible ink seal required; If using embossed seal, apply shading to make seal legible when digitized.)