

Michigan Department of Licensing and Regulatory Affairs
 Bureau of Commercial Services
 Licensing Division
 MORTUARY SCIENCE
 P.O. Box 30018, Lansing, MI 48909
 (517) 373-8376; Fax 517-373-2162
 www.michigan.gov/mortuaryscience

APPLICATION FOR RELICENSURE - MORTUARY SCIENCE LICENSE

AUTHORITY: P.A. 299 of 1980, as amended.

COMPLETION: Mandatory

PENALTY: Failure to complete may result in denial of your application.

PLEASE COMPLETE INFORMATION BELOW			
It has been more than 60 days since your license has lapsed. Pursuant to Section 411 of 1980, P.A. 299, as amended, you are now required to apply for relicensure. Persons applying 3 years or more after the expiration date may need to meet other requirements, as established by rules or procedures and should contact the Department if you have not already done so.			
Name (First, Middle, Last)		Permanent I.D. Number 4501-	Date Expired
Street Address			
City		State	ZIP Code
Daytime Telephone Number	Date of Birth	Social Security Number	E-mail address
Have you been convicted of a felony?			
<input type="checkbox"/> Yes - Please download the form BCS/LCE-020 "Request for Conviction History of Applicant". The form can be downloaded and completed to accompany this application. See www.michigan.gov/mortuaryscience and select Forms & Publications. The form must be included to avoid delays in processing your application.			<input type="checkbox"/> No
Have you had disciplinary action taken against any license, registration, certificate or permit now held or has ever been held? (Includes but is not limited to final orders, suspension, revocation, denial, etc.)			
<input type="checkbox"/> Yes - Please download the form BCS/LCE-021 "Request for Disciplinary Action Information". The form can be downloaded and completed to accompany this application. See www.michigan.gov/mortuaryscience and select Forms & Publications. The form must be included to avoid delays in processing your application.			<input type="checkbox"/> No
CERTIFICATION			
I hereby certify that the statements in this application are true and correct. I have not withheld information which might affect the decisions to be made on this application. I am aware that a false statement or dishonest answer may be grounds for denial of my application or disciplinary action against my license, or may be punishable by law. I hereby authorize the Department of Licensing and Regulatory Affairs and its agents to investigate any statements made by me in this application, including checking criminal, civil and administrative records. I further authorize the Department or its agents to examine my books and records at the Department's discretion.			
Applicant's Signature _____		Date _____	
ALL REQUIREMENTS FOR LICENSURE MUST BE COMPLETED WITHIN 1 YEAR OF FILING THIS APPLICATION.			
FEE PAYMENT INFORMATION (Check One)		FOR OFFICE USE ONLY - VALIDATION	
Between July 4 of <u>EVEN</u> year through July 3 of <u>ODD</u> year:			
<input type="checkbox"/> Mortuary Science Relicensure	\$80.00	(45-01-06)	
Between July 4 of <u>ODD</u> year through July 3 of <u>EVEN</u> year:			
<input type="checkbox"/> Mortuary Science Relicensure	\$120.00	(45-01-06)	
\$20.00 OF ABOVE FEE IS NON-REFUNDABLE			
Make your check or money order in U.S. Currency payable to: STATE OF MICHIGAN			
FEES ARE NOT REFUNDED EXCEPT UNDER AUTHORITY P.A. 152 OF 1979, AS AMENDED AND R338.943 AND R338.944.			