



THE STATE  
of **ALASKA**

Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing

**MOR**

FOR DIVISION USE ONLY

**Mortuary Science Program**

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: [Morticians@Alaska.Gov](mailto:Morticians@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov/Morticians](http://ProfessionalLicense.Alaska.Gov/Morticians)

## Change of Supervisor Form

**Trainee:** You must immediately notify the division, in writing, when you change supervisors. Complete this form, including the notarization, return your current license for amendment to show the new assignment, and pay the \$5 fee. Make check or money order payable to the State of Alaska. If you are not employed as a mortuary trainee and have no supervisor at this time, write "unassigned" in the "current assignment" area.

Your trainee permit will be effective under the new supervisor when your completed form, fee, and returned license (permit) are processed by the state. Supervision under the new sponsor and training time are not effective until approval by the state. (12 AAC 50.100(c))

### PART I Payment of Fees

Required Fees:

Change of Supervisor Fee

**\$5.00**

### PART II Personal Information

<b>Mortuary Trainee Name:</b>		<b>License Number:</b>	
<b>Mailing Address:</b>	P.O. Box or Street	City	State Zip
<b>Contact Phone:</b>		<b>Date of Birth:</b>	
<b>EMAIL AGREEMENT:</b> By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.			
<b>Email Address:</b>		<b>Select One:</b>	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
<i>Note: If both boxes are selected above, you will receive correspondence electronically.</i>			

**PART III Previous Assignment**

<b>Establishment Where Training Was Conducted:</b>			
<b>Establishment License Number:</b>		<b>License Expiration Date:</b>	
<b>Mailing Address:</b>	P.O. Box or Street	City	State Zip
<b>Previous Sponsoring Supervisor Name:</b>		<b>License Number:</b>	
<b>Supervision End Date:</b>			

**PART IV Current Assignment**

<b>Establishment Where Training Will Be Conducted:</b>			
<b>Establishment License Number:</b>		<b>License Expiration Date:</b>	
<b>Mailing Address:</b>	P.O. Box or Street	City	State Zip
<b>New Sponsoring Supervisor Name:</b>		<b>License Number:</b>	

**PART V Notarized Signature**

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

A person who makes a false statement on this application may be subject to civil and criminal penalties, including prosecution for perjury (AS 11.56.200 & AS 11.56.230).

Notary Stamp	<b>Trainee Signature:</b>		
	<b>Supervisor Signature:</b>		
	<b>Notary Public for State of:</b>		<b>Subscribed and Sworn to Before me on this Day:</b>
	<b>Notary Signature:</b>		<b>My Commission Expires:</b>



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## Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: \_\_\_\_\_

Program Type: \_\_\_\_\_ License Number (if applicable): \_\_\_\_\_

I wish to make payment by credit card for the following (check all that apply):

**AMOUNT**

Application Fee: \_\_\_\_\_

License or Renewal Fee: \_\_\_\_\_

Other (name change, wall certificate, fine, duplicate license, exam, etc.):

1. \_\_\_\_\_

2. \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

Name (as shown on credit card): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Signature of Credit Card Holder: \_\_\_\_\_

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

<b>CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!</b>	
1. Account Number: _____	All four fields <b>MUST</b> be completed!  This section will be destroyed after the payment is processed.
2. Expiration Date: _____	
3. Billing ZIP Code: _____	
4. Security Code: _____	