



**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)

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## Embalmer Trainee Permit Application Instructions

Permits are usually issued within approximately three weeks of the division's receipt of a complete and correct application. The permit is issued for a one-year period from date of issue and may be renewed once. When issued, the trainee permit will be mailed with an accompanying cover letter providing further licensing information. If the application is incomplete, the applicant will be notified of incomplete and/or incorrect documents and fees.

***The following must be received by the division before your application for Embalmer Trainee Permit can be reviewed:***

### **1. APPLICATION**

A completed application, signed and notarized (#08-4276, pages 1-3).

### **2. FEES**

Fees made payable to "State of Alaska."

Nonrefundable Application Fee: \$150.00

Permit Fee: \$100.00

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Total Fees Due: \$250.00

### **3. AUTHORIZATION FOR RELEASE OF RECORDS**

A completed Authorization for Release of Records form (#08-4276a).

### **4. SPONSOR AND SUPERVISION PROPOSAL**

A signed Sponsor and Supervision Proposal form (#08-4276b) completed by the Alaska-licensed embalmer who will oversee the training.

**Sec. 08.42.200. Definitions.** In this chapter,

(1) "department" means the Department of Commerce, Community, and Economic Development;

(2) "funeral establishment" means every place devoted to or used in the care and preparation for disposition of dead human bodies, or as the office or place for carrying on the profession of mortuary science, or for any combination of these;

(3) "mortuary science" means embalming of dead human bodies, taking charge of the remains of those dead of a communicable disease, or preparing dead human bodies for shipment, directing or supervising funerals;

(4) "trainee" means a person who has met the qualifications set out in AS 08.42.085(a) and is engaged in learning the practice of embalming under the direction and control of a person properly licensed to practice embalming, or a person who has met the qualifications set out in AS 08.42.085(b) and is engaged in learning the practice of funeral directing under the direction and control of a person properly licensed to practice funeral directing

## General Information

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### **APPLICATION PROCESSING:**

The average time to process a paper application varies by program but can take several weeks from the date it is received in this office complete with all correct forms, supporting documents and appropriate fees paid. When the application is complete and correct, and all supporting documents have been received and all fees have been paid, the license will be issued. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

### **LICENSE TERM:**

There is no "inactive" status. If you choose not to renew your license, it will lapse. Licenses are issued for a two-year period and expire on December 31 of even-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date are issued to the next biennial expiration date. One renewal notice will be mailed at least 30 days before license expiration to the last known address of record.

### **PROFESSIONAL FITNESS QUESTIONS:**

A "yes" response in the application does not mean your application will be denied. If you have responded "yes" to any professional fitness questions in the application, be sure to submit a signed and dated explanation, and the charging document and judgement.

### **DENIAL OF APPLICATION:**

Please be aware that the denial of an application of licensure may be reported to any person, professional licensing board, federal, state, or local governmental agency, or other entity making a relevant inquiry or as may be required by law.

### **RANDOM AUDIT:**

If your program requires continuing education, the Division will audit a percentage of the license renewals. If your license is randomly selected for audit, a letter will be sent with instructions to submit documentation as proof you satisfied the continuing competency requirements as stated on this renewal form. Licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits.

### **ADDRESS OR NAME CHANGE:**

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the Division, in writing, of changes of address or name. Name and address change notification forms are available on the Division's website. The address of record with the division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

### **CERTIFIED TRUE COPIES:**

If any of the required documents will be issued under a former name, indicate on the application and submit marriage license and/or court documents that are notarized as a "certified true copy of the original document". To obtain a certified true copy, you must present the notary with the original document along with the photocopy. You must write, "I certify this is a true copy of the original document" and sign your name. The notary will compare the original document with the copy and then notarize your signature.

### **SOCIAL SECURITY NUMBERS:**

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exemption from Social Security Number Requirement form (#08-4372) located at *ProfessionalLicense.Alaska.Gov* or contact the division for a copy of the form. This form is required with every application if you do not have a U.S. Social Security Number.

### **PUBLIC INFORMATION:**

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division's website at *ProfessionalLicense.Alaska.Gov* under License Search.

### **ABANDONED APPLICATIONS:**

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued, and all fees will be forfeited.

### **BUSINESS LICENSES:**

The status of a professional license will directly impact the status of an associated business license. Renewal applications for business licenses are mailed separately. For more information about business licenses, (907) 465-2550 or *BusinessLicense.Alaska.Gov*

**STALE DOCUMENTS:**

Application forms, authorizations and verifications older than 12 months from the date the document was received by the division will be considered stale; the document must be resubmitted as appropriate before the application will be considered by the division or a licensing board. Application documents include the application documents and verifications of licensure from other licensing jurisdictions. (12 AAC 02.915)

**PAYMENT OF CHILD SUPPORT:**

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

**STATUTES AND REGULATIONS:**

The complete set of statutes and regulations for this program are available by written request or online at the division's website: *ProfessionalLicense.Alaska.Gov*

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the specific program you want to be updated on to the address below.

Regulations Specialist  
Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
EMAIL: *RegulationsAndPublicComment@Alaska.Gov*



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**Embalmer Trainee Permit Application**

**PART I Payment of Fees**

<b>Required Fees:</b>	<input type="checkbox"/> Nonrefundable Application Fee	<b>\$150.00</b>
	<input type="checkbox"/> Permit Fee	<b>\$100.00</b>

**PART II Personal Information**

<b>Full Legal Name:</b>			
Provide all other names used (maiden, nicknames, aliases). If any documentation will be received in a prior name, you must provide a certified true copy of the documentation showing proof of legal name change(s).			
<input type="checkbox"/> Not Applicable <input type="checkbox"/> Other Names Used: _____			
<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>			
<b>SOCIAL SECURITY NUMBER:</b> AS 08.01.060 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.			

**PART III Training Information**

<b>Establishment Where Training Will Take Place:</b>		<b>Establishment License Number:</b>	
<b>Physical Location:</b>	Street	City	State Zip
<b>Supervising Licensee Name:</b>	<b>License Number:</b>		

## PART IV Professional Fitness Questions

The following questions must be answered. "Yes" answers may not automatically result in license denial.

For each "yes" response to any question, you must provide an **explanation and documentation**. Use the letter of explanation form (#08-4752) appended to this application; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. A separate letter of explanation form must be provided for each "yes" answer documented below. Documentation includes copies of court orders, charging documents, board, or license actions, etc.

When in doubt about your response, disclose and provide the required explanation and documents. Applications submitted without the required attachments will be considered incomplete and will not be processed.

The contents of licensing files are generally considered public records. If you believe that the additional information you are attaching to explain a "yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

### When in doubt, disclose and explain.

1. Have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including, but not limited to, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine.  Yes  No
2. Are you aware of any investigations against you, in any state, jurisdiction or in Canada?  Yes  No
3. Have you had a professional license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending?  Yes  No
4. Are your rights to obtain or exercise the privileges granted by a Mortuary Sciences trainee permit and/or license currently revoked or suspended in this state, another state, or Canada?  Yes  No
5. Have you ever secured or attempted to secure a permit/license through deceit, fraud, or intentional misrepresentation?  Yes  No
6. Have you ever failed to comply with a Board or Division order?  Yes  No
7. Have you been or are you currently being treated for bipolar disorder, schizophrenia, paranoia, Psychotic disorder, substance abuse, depression (except for situational or reactive depression) or any other mental or emotional illness?  Yes  No
8. Have you been or are you addicted to, excessively used, or misused alcohol, narcotics, barbiturates or habit-forming drugs?  Yes  No
9. Have you had or do you have a physical disability or physical illness which may impair or interfere with your ability to provide mortuary services?  Yes  No

"Yes" Answers

If you answered "yes" to questions 7, 8, or 9, in addition to your personal statement, you must submit a statement from your health care provider indicating your ability to safely provide mortuary services. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.



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**Notary Signature Page**

**PART V Notarized Signature**

By signature below, we acknowledge that training may not begin until the required permit from the State of Alaska has been received and that no hours will be credited outside the issue and expiration date of the permit. We further acknowledge and agree that training will take place only when the above-named supervisor is on the premises of the establishment named in this application.

We further certify that the information in this application is true and correct and that any false or misleading information may result in failure to issue the permit or revocation of the permit.

Notary Stamp	<b>Applicant Signature:</b>			
	<b>Supervising Embalmer 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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## Authorization for Release of Records

I hereby authorize the Alaska Division of Corporations, Business, and Professional Licensing and its investigators to examine my employment, educational records, and records pertaining to litigation, judgments, suits and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Corporations, Business, and Professional Licensing and its investigators.

I authorize the division to discuss my records with persons or organizations that are considered appropriate by the division in connection with an official investigation, and to provide copies of my records to those persons or organizations deemed appropriate by the division.

I request that upon presentation of this release, or a Certified True Copy thereof, that you provide copies of those records to the division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with the application (initial, renewal, reactivation) for issuance of an Embalmer Trainee Permit.

I hereby release you, your organization, the Alaska Department of Commerce, Community, and Economic Development, Division of Corporations, Business, and Professional Licensing and its investigators, and all others directly and/or indirectly involved in this matter from any liability or damage which may result from furnishing the information requested.

This authorization expires one (1) year from the date of my signature below.

<b>Name:</b>	First	Middle	Last
<b>Full Address:</b>	P.O. Box or Street	City	State Zip
<b>Phone:</b>			<b>Date of Birth:</b>
<b>Email:</b>			
<b>Signature:</b>			<b>Date Signed:</b>



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## Embalmer Sponsor and Supervision Proposal

This form must be completed and signed by the Alaska-licensed embalmer who will supervise the trainee named. Please print or type the requested information. A supervisor must meet and follow the requirements of 12 AAC 50.100, .200, and .400 as follows:

1. The supervisor must have an active license to practice as an embalmer in Alaska, must directly supervise the trainee at a licensed funeral establishment, and supervise no more than one trainee at a time; and
2. During an embalmer trainee's first six months of apprenticeship training, the sponsor will be present and provide direct supervision during each entire embalming process. For the remainder of the apprenticeship training, the sponsor will be present for the beginning of each embalming and available for consultation during or after the procedure; and
3. If the supervisor/trainee relationship is terminated before the trainee permit expires, written notice of that termination, including termination date, will be sent to the division.

<b>Applicant Name:</b>			
<b>Sponsor Name:</b>		<b>License Number:</b>	
<b>Original Issue Date:</b>		<b>Expiration Date:</b>	
<b>Place of Employment:</b>			
<b>Job Title:</b>		<b>Employment Begin Date:</b>	
<p>I certify that I will directly supervise the training activities of the above-named applicant. I currently hold an Alaska Embalmer License as listed above, and have been employed since the date, and in the position, above at the aforementioned funeral establishment, where the embalmer trainee will complete apprenticeship training activities. I agree to fulfill the duties and responsibilities of sponsor as outlined in 12 AAC 50.100, .200, and .400, including direct supervision during the embalming process as required.</p>			
<b>Supervisor Signature:</b>		<b>Date Signed:</b>	
<b>Applicant (Trainee) Signature:</b>		<b>Date Signed</b>	



### AUTHORITIES FOR REGULATION OF MORTUARY SCIENCE TRAINEES

#### Sec. 08.42.085. Qualifications for trainees.

- (a) A person may apprentice as an embalmer trainee if the person
- (1) is at least 18 years of age;
  - (2) applies on a form provided by the department; and
  - (3) furnishes evidence satisfactory to the department that an embalmer licensed in this state will supervise the training and that the training will take place in a funeral establishment that meets the requirements of AS 08.42.100.
- (b) A person may apprentice as a funeral director trainee if the person
- (1) is at least 18 years of age;
  - (2) applies on a form provided by the department; and
  - (3) furnishes evidence satisfactory to the department that a funeral director licensed in this state will supervise the training and that the training will take place in a funeral establishment that meets the requirements of AS 08.42.100.
- (c) The department shall issue a permit valid for one year to an applicant who meets the requirements of this section. The department shall renew a permit for one year if the trainee applies for renewal on a form provided by the department and shows that the training activity continues to satisfy the requirements of this section. The department will charge a fee for processing applications and renewals under this section which will be sufficient to cover administrative costs.
- (d) A person may apprentice as a funeral director trainee or as an embalmer trainee for no more than two years.

#### Sec. 08.42.200(4).

- (4) "trainee" means a person who has met the qualifications set out in AS 08.42.085(a) and is engaged in learning the practice of embalming under the direction and control of a person properly licensed to practice embalming, or a person who has met the qualifications set out in AS 08.42.085(b) and is engaged in learning the practice of funeral directing under the direction and control of a person properly licensed to practice funeral directing.

### 12 AAC 50.200. APPRENTICESHIP TRAINING.

- (a) Apprenticeship training must be provided by a sponsor approved under 12 AAC 50.100.
- (b) A funeral director trainee shall document at least one year of apprenticeship training that was supervised by a sponsor that meets the requirements of 12 AAC 50.100 and includes experience in the following areas:
- (1) assisting or participating in the preparation of at least 24 funerals, including all necessary documentation required by law;
  - (2) assisting in the arrangement of a selection room, including buying, pricing, and providing a description of each casket.
- (c) An embalmer trainee shall document at least one year of apprenticeship training that was supervised by a sponsor that meets the requirements of 12 AAC 50.100 and includes experience in the following areas:
- (1) assisting the preparation and embalming for at least 24 deceased human bodies, including cosmetic application, dressing, and casket preparation;
  - (2) making removals of human bodies.
- (d) Each embalmer and funeral director trainee shall submit case reports on forms provided by the department, for each of the 24 funerals or embalming required in (b) or (c) of this section. Unless the department finds good cause to grant an extension under this subsection, six case reports shall be submitted every three months and shall be signed by the trainee and the sponsor. If a trainee is unable to complete six case reports in a three-month period, the trainee shall submit the case reports that were completed and a written request for an extension explaining why the trainee was unable to complete all six cases within the time period specified under this section. The department will grant the request for an extension if it finds good cause outside of the control of the trainee.
- (e) An apprenticeship must consist of training of a minimum of 30 hours per week, excluding up to 30 days of leave time per year for the trainee.
- (f) Apprenticeship training as a funeral director or embalmer may be earned concurrently. If the training is not completed within one year, the trainee may apply for renewal of the permit for one year under AS 08.42.085(c).
- (g) Upon completion of the apprenticeship training, the sponsor shall complete an affidavit on a form provided by the department, stating that the trainee has satisfactorily completed the apprenticeship requirements of AS 08.42 and this chapter under the sponsor's director supervision. If the apprenticeship training is terminated before completion of the apprenticeship, the sponsor shall complete an affidavit on a form provided by the department, stating what requirements of AS 08.42 and this chapter that the trainee completed under the sponsor's direct supervision.

### 12 AAC 50.400. SUPERVISION OF TRAINEES.

- (a) During an embalmer trainee's first six months of apprenticeship training, the sponsor for the trainee shall be present and providing direct supervision during the entire embalming process. For the remainder of the apprenticeship training, the sponsor shall be present for the beginning of each embalming and available for consultation during or after the procedure.
- (b) During a funeral director trainee's first six months of apprenticeship training, the sponsor shall be present and providing direct supervision during each entire arrangement conference and funeral. For the remainder of the apprenticeship training, the sponsor shall be present for the beginning of each arrangement conference and funeral and available for consultation during or after the event.



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## Letter of Explanation for a Professional Fitness “Yes” Answer

Use this form only to explain and document any professional fitness “Yes” answers. A “Yes” answer is not necessarily disqualifying but concealing one may be.

Each “Yes” answer requires a separate explanation and associated documentation. Submit all relevant documentation with this form, even if you have previously provided it.

- **Explanations** include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. If the space provided is insufficient, make additional copies as needed.
- **Documentation** includes copies of court orders, charging documents, board or license actions, decisions against your professional certification, satisfaction of consent agreements (fines paid, community service completed, off probation, etc.), and fitness to practice letters (statement from your provider that you are safe to practice if you check “Yes” to any of the questions regarding mental or physical health, or drug or alcohol abuse or addiction).
- **Disciplinary actions** may include but not be limited to: suspension, surrender, revocation, probation, academic probation, reprimand, censure, restricted license, limited license, conditioned license, or letters of counseling, concern, advice, warning, caution, admonishment, or reprimand.

If you have multiple “Yes” answers or multiple incidents for any professional fitness question, you must use a separate copy of this form and provide a full explanation and documentation for each incident.

The contents of licensing files are public records. If you believe that the additional information you are attaching to explain a “Yes” answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted according to state law.



Write the professional fitness question number you are answering “Yes” to in the box.

<b>Location of Incident:</b>		<b>Date of Incident:</b>	
<b>Explanation of Incident:</b>			
<b>When in doubt, disclose and explain.</b> <b>Make copies as necessary.</b>			

**Did you attach all applicable documents associated with this incident?**

- Court orders     
  Consent agreements     
  Disciplinary actions     
  Charging documents  
 Court records     
  Fitness to practice     
  All other documentation related to this incident  
 I have additional incidents for this “Yes” answer, or “Yes” answers to other Professional Fitness questions and have attached a separate copy of this form for each incident.

<b>Full Name:</b>		<b>PL Code:</b>	
<b>Signature:</b>		<b>Date:</b>	

**You must submit one form for each “Yes” answer. Make copies of this form as necessary.**



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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)

**CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!**

<p>1. Account Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Billing ZIP Code: _____</p> <p>4. Security Code: _____</p>	<p>All four fields <b>MUST</b> be completed!</p> <p>This section will be destroyed after the payment is processed.</p>
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