



**PART IV****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 Printed Name:</b>			
	<b>Trainee 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>	



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)

**Embalmer Trainee Certification**

(To be Completed by Supervisor)

**Instructions to Supervisor:** If the applicant has checked the “embalmer” box on the front of this application, complete the embalmer certification. If the applicant is renewing the “funeral director” training permit, complete the funeral director certification. If this is a combined renewal of both trainee permits, both certifications must be completed.

**PART I Training Information**

<b>Supervisor Name:</b>		<b>Alaska Embalmer License Number:</b>	
<b>Trainee Name:</b>		<b>Hours/Months of Training Completed:</b>	
<b>Funeral Establishment Name:</b>		<b>Establishment Permit Number:</b>	
<b>Address:</b>	Street	City	State Zip

**PART II Signature**

I certify that the above information is true and correct to the best of my knowledge and I accept full responsibility for the supervision of the above-named trainee. I understand that any false or misleading information may result in failure to renew a trainee permit, or subsequent revocation.

**Supervisor Printed Name:**

**Supervisor Signature:**

**Date Signed:**



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**Funeral Director Trainee Certification**

(To be Completed by Supervisor)

**Instructions to Supervisor:** If the applicant has checked the “embalmer” box on the front of this application, complete the embalmer certification. If the applicant is renewing the “funeral director” training permit, complete the funeral director certification. If this is a combined renewal of both trainee permits, both certifications must be completed.

**PART I Training Information**

<b>Supervisor Name:</b>		<b>AK Funeral Director License Number:</b>	
<b>Trainee Name:</b>		<b>Hours/Months of Training Completed:</b>	
<b>Funeral Establishment Name:</b>		<b>Establishment Permit Number:</b>	
<b>Address:</b>	Street	City	State Zip

**PART II Signature**

I certify that the above information is true and correct to the best of my knowledge and I accept full responsibility for the supervision of the above-named trainee. I understand that any false or misleading information may result in failure to renew a trainee permit, or subsequent revocation.

**Supervisor Printed Name:**

**Supervisor Signature:**

**Date Signed:**



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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 a Mortuary Trainee Permit Renewal.

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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*Division of Corporations, Business and Professional Licensing*

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Phone: (907) 465-2550

## 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>	
<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>