



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

Website: ProfessionalLicense.Alaska.Gov/Morticians

Funeral Establishment Permit Renewal Application

January 1, 2025 – December 31, 2026

- Your permit lapses after December 31, 2024. There is no grace period — it is illegal to work if your permit has lapsed.
- Emailed or faxed applications will not be accepted.
- Make checks and money orders payable to the State of Alaska or use the attached credit card payment form.
- Plan on a 4–6-week processing time for correct and complete renewal applications.
- Once the renewal is processed, your permit will be available for printing via the MY LICENSE self-service portal.

PART I Payment of Fees

Required Fees:	<input type="checkbox"/> Full-Term Biennial Permit Renewal (For permits first issued on or before December 31, 2023)	\$185.00
	<input type="checkbox"/> Prorated Permit Renewal (For permits first issued on or after January 1, 2024)	\$ 92.50

PART II Personal Information

Business Name:			AK Funeral Establishment Permit Number:	
You must submit a separate application for each funeral establishment location that you own.				
Mailing Address:	P.O. Box or Street	City	State	Zip
Address change: <input type="checkbox"/>				
Physical Address:	Street	City	State	Zip
Address change: <input type="checkbox"/>				
Contact Name:			Contact Phone:	
EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting my permit 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.				
Email Address:			Select One:	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
Note: If both boxes are selected above, you will receive correspondence electronically.				

PART III Ownership Information (Sole Proprietors and Partnerships Only)

If there has been a change in ownership type since your last renewal you may not renew that permit; you must apply for a new permit by submitting an initial application.

Changing, adding or removing officers of a corporation, or members or managers of an LLC, or partners in a limited partnership (LP) or limited liability partnership (LLP), does not require a change to your current permit.

Complete the appropriate table below according to your business ownership type. Attach additional pages as necessary.

☐ Sole Proprietorship ☐ Partnership

Full Legal Name	Complete Address	Social Security Number*	Date of Birth
	P.O. Box or Street City State Zip		
	P.O. Box or Street City State Zip		

**AS 08.01.100 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 IV Ownership Information (Corporations & LLCs Only)

If there has been a change in ownership type since your last renewal you may not renew that permit; you must apply for a new permit by submitting an initial application.

Changing, adding or removing officers of a corporation, or members or managers of an LLC, or partners in a limited partnership (LP) or limited liability partnership (LLP), does not require a change to your current permit.

Complete the appropriate table below according to your business ownership type. Attach additional pages as necessary.

☐ Corporation ☐ LLC

Name of Member, Corporate Officer, or Managing Partner	Address of Member, Corporate Officer, or Managing Partner	Alaska Entity Number
	P.O. Box or Street City State Zip	
	P.O. Box or Street City State Zip	
	P.O. Box or Street City State Zip	
	P.O. Box or Street City State Zip	

PART V

Business Information

Name of Funeral Director Actively Managing This Funeral Establishment:		
Funeral Director License Number: (Required)		
Employee Full Name	License Number	Profession
		<input type="checkbox"/> Funeral Director <input type="checkbox"/> Embalmer
		<input type="checkbox"/> Funeral Director <input type="checkbox"/> Embalmer
		<input type="checkbox"/> Funeral Director <input type="checkbox"/> Embalmer
		<input type="checkbox"/> Funeral Director <input type="checkbox"/> Embalmer
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		<input type="checkbox"/> Funeral Director <input type="checkbox"/> Embalmer

PART VI Professional Fitness Questions

The following questions must be answered. "Yes" answers may not automatically result in license or permit 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 or permit actions, etc.

The contents of licensing files are generally considered public records, unless required to be kept confidential by state or federal law.

When in doubt, disclose and explain.

Since the date your last Alaska permit was issued or renewed:

- | | |
|---|---|
| 1. Has the establishment, or any owner, partner, employee, or corporate officer of the establishment, had a professional license or permit denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license or permit, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license or permit you hold in any jurisdiction including Alaska and including that of any military authorities or is any such action pending? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 2. Has the establishment, or any owner, partner, employee, or corporate officer of the establishment, been convicted of a crime or is any owner, partner, or corporate officer of the establishment, 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, a conviction involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license or permit, reckless driving, or driving with a suspended or revoked license or permit. "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. | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 3. Are you aware of any investigations against you <u>or</u> your establishment, in any state, jurisdiction, or in Canada? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 4. Have you violated a contract relating to services provided at your establishment about the disposition of a dead human body? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |

"Yes" Answers

If you answered "yes" to any of the above questions, you must submit signed and dated documentation explaining the specific circumstance(s) of the incident(s).

PART VII Alaska Law

- ☐ I hereby certify I have reviewed, understand and will abide by the statutes and regulations applicable to my profession (AS 08.42, AS 45.45.120, AS 45.50.471(b)(24), and 12 AAC 50).



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Signature Page

Applicant Name:

PART VIII Agreement

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

I understand 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, registration, certificate, or permit to practice in the state of Alaska.

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

Applicant Signature:

Date Signed:

General Information

APPLICATION PROCESSING:

The average processing time varies by program. When the application is complete and correct, all supporting documents have been received and all fees have been paid, the permit may 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.

PERMIT TERM:

Permits are issued for a two-year period and expire on December 31 of even-numbered years, regardless of the date of issuance, except permits issued within 90 days of the expiration date are issued to the next biennial expiration date. One renewal notice will be sent via email or mail at least 30 days before permit expiration to the last known email or mailing address of record. Failure to receive a renewal notice does not relieve a permit holder from the responsibility of renewing a permit on time.

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, submit an explanation with the charging and closing court documentation (e.g. court records, fitness letters, etc.).

ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the permit holder’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 permit must be your current legal name.

SOCIAL SECURITY NUMBERS:

AS 08.01.100 requires a U.S. Social Security Number be on file with the division before a professional permit is renewed. If you do not have a U.S. Social Security Number, complete the Request for Exemption from Social Security Number Requirement form located at *ProfessionalLicense.Alaska.Gov*.

PUBLIC INFORMATION:

All information on the application will be available as public record, unless required to be kept confidential by state or federal law.

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 permit 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.

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 permit 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*. To receive notification of all proposed regulation changes, send a request with your name, preferred contact method (mail or email), and the program you want to be updated on to the regulation specialist at the following email: *RegulationsAndPublicComment@Alaska.Gov*.