



State of Alaska
Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing
MORTUARY SCIENCES SECTION
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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))

Mortuary Trainee Name _____ License # _____

Mailing Address _____ City _____ State _____ ZIP Code _____

E-mail Address (optional): _____

Please send correspondence via: [] Email [] US Mail

PREVIOUS ASSIGNMENT

Name of Funeral Establishment – where training was conducted _____ Funeral Est. License # _____

Mailing Address _____ City _____ State _____ ZIP Code _____ License Expiration Date _____

Name of Previous Sponsoring Supervisor _____ License # _____ Date Supervision Ended _____

CURRENT ASSIGNMENT

Name of Funeral Establishment – where training is to be conducted _____ Funeral Est. License # _____

Mailing Address _____ City _____ State _____ ZIP Code _____ License Expiration Date _____

Name of New Sponsoring Supervisor _____ License # _____

I certify that the information in this document is true and correct to the best of my knowledge.

SUBSCRIBED AND SWORN TO before me on _____ (date).

Signature of Mortuary Trainee _____ Date _____

Signature of Supervisor _____ Date _____

Notary Public, State of _____

My Commission Expires _____