

**CHANGE OF SUPERVISOR
Funeral Directing & Embalming
Apprentice**

Please Type or Print

If you change your supervisor or add a new supervisor, you must submit this completed form to the Department within 30 days following the change.

SECTION A: APPRENTICE INFORMATION			
Name:	First:	MI:	Last:
Address:	Street/PO/Route:		
	City:	State:	Zip:

SECTION B: INFORMATION RELATING TO NEW SUPERVISOR	
Name of Supervisor:	License #:
Name of Back-up Supervisor (if applicable):	License #:
Date change will/has become effective:	

SECTION C: ESTABLISHMENT WHERE YOU WILL BE APPRENTICING			
Establishment Name:			
Address:	Street/PO/Route:		
	City:	State:	Zip:
Date change will become effective:			

The supervisor, back-up supervisor (if applicable) and apprentice must sign this section
SECTION D: ATTESTATION

SUPERVISOR(s):

I hereby state that I have agreed to supervise the apprentice listed above and I am of good moral character.

Signature of Supervisor

Signature of Back-up Supervisor (if applicable)

APPRENTICE:

I hereby state that I am the person making application, I am of good moral character, and the statements on this application are true and complete.

Signature of Apprentice: _____

Apprentice #: _____