Request for Duplicate Licenses(s)
for the
Kansas State Board of Mortuary Arts

NAME:_____

ADDRESS:_____

Funeral Director License Number:_____**Embalmer License Number:**_____

Crematory Operator Number:_____**Assistant Funeral Director Number:**_____

Establishment Number:_____**Branch Establishment Number:**_____

Please include **$15.00** **<u>for each</u>** duplicate license requested.

Affidavit of Practitioner

State of _____, County of _____, ss

I hereby acknowledge that the request for duplicate license(s) is due to the original license(s) having been destroyed, lost or due to name change.

I declare under perjury under the laws of the state of Kansas that the foregoing is true and correct.

Signature:_____

Address:_____

City, State, Zip Code_____

County:_____

K.A.R. 63-1-6 (a) following the loss or destruction of the license of any embalmer, funeral director, assistant funeral director, crematory operator or establishment or branch establishment a duplicate license shall be issued by the board upon the licensee's written request and payment of the duplicate license fee specified in K.A.R. 63-4-1."

{OVER}

Updated June 2017

PLEASE READ AND CAREFULLY ANSWER EACH QUESTION IN THIS SECTION
THIS APPLICATION WILL NOT BE PROCESSED UNTIL YOU SIGN AND DATE THE FORM
AND SUBMIT THE REQUIRED DOCUMENTATION

K.S.A. 65-1751 provides that the Board may refuse to issue or renew a license, may condition, limit, revoke or suspend a license or may publicly or privately censure, or may impose a fine on a licensee not to exceed $1,000 per violation, upon a finding that an applicant or licensee has engaged in certain conduct.

K.S.A. 65-1766 provides that the Board may refuse to issue or renew a license or revoke, condition, limit, censure, fine or suspend a license for the crematory or crematory operator upon a finding that a crematory operator or the crematory operator in charge has engaged in certain conduct.

As used in this application, "*license*" means an **embalmer's license, funeral director's license, assistant funeral director's license, establishment license, branch license, crematory license or crematory operator's license. Please mark "Yes" or "No" as applicable. Misleading, deceptive, untrue or fraudulent statements made in applying for or securing an original or renewal license may be grounds for denial of the license.**

YOU MUST ATTACH A WRITTEN EXPLANATION FOR EACH "YES" ANSWER.

1. Have you ever been convicted of a felony? **YES** _____ **NO** _____
   If you checked YES, in addition to a written explanation, you must also attach a copy of Journal Entry of Conviction, Journal Entry of Sentencing, and the Parole or Post Release Supervision Certificate and Conditions.

2. Have you ever violated any law, ordinance, or rule and regulation affecting the handling, custody, care or transportation of dead human bodies or cremated remains? **YES** _____ **NO** _____

3. Have you ever had a license **denied, revoked** or **suspended**, subject to **censure** or **fine** or has any other disciplinary action been taken against you by this Board or the licensing authority of any other state, jurisdiction, territory, the District of Columbia or any other country? **YES** _____ **NO** _____

4. Have you ever failed to report to the Board any adverse disciplinary action taken against you by another state or licensing jurisdiction, a professional association or society, a governmental agency, a law enforcement agency, or a court?
   YES _____ **NO** _____

5. Have you ever had an adverse judgment, award or settlement taken against you resulting from the practice of funeral directing, embalming or cremation, or failed to report such matter to the Board? **YES** _____ **NO** _____

6. Have you ever been found guilty of negligence, incompetence, fraud, misrepresentation or deceit in connection with services rendered as a licensee? **YES** _____ **NO** _____

7. Do you have any pending criminal charges or civil / administrative actions that have been filed against you, or are in the process of being investigated or filed, related to any of the above situations? **YES** _____ **NO** _____

FOR RENEWALS ONLY:

_____ Check here if any of the above situations for which you checked "YES" occurred since your last renewal.

NOTICE TO ALL COMPLETING THIS FORM: (1) If you submit this application *before* you are eligible for a license or *before* your license renewal date, you must notify the Board if any of the above situations occur while this application is pending and until a license is granted, or until your license renewal date.
(2) If you checked YES on any question, in addition to a written explanation, you must also submit documentation that explains each YES answer, including court records; court orders, journal entries, or judgments, administrative findings; and the like. YOUR APPLICATION CANNOT BE PROCESSED UNTIL THE REQUIRED DOCUMENTATION IS SUBMITTED.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

_____

Signature of Applicant / Licensee | County | Social Security Number | Date

K.S.A. 74-139 provides that upon request from the director of taxation, the Board must provide a listing of all applicants, their SSN, and address.