

COVER LETTER FOR APPLICATION FOR APPRENTICESHIP  
Updated 02/09/2015

Check list FOR APPLICATION FOR APPRENTICESHIP

1. Complete the application below
  - 1a. If the name shown on any of your supporting documents (such as transcript, etc.) is different from that shown on your application, you must submit proof of legal name change – a certified copy of your marriage license, divorce decree, affidavit or court order.
2. Enclose official transcript from the High School you graduated from or GED completion (faxed copies will not suffice)
3. Enclose a check or money order for \$150 made out to Oklahoma Funeral Board
4. All applications or any item requiring Board action must be received and date stamped by the board staff NO LESS THAN fourteen calendar days prior to the next regularly scheduled Board meeting. Per 253:1-1-2 (c), Any person submitting an application or other item requiring Board action received after the fourteen day deadline must make the request to be placed on the agenda in writing to the Board. The person submitting the application must personally appear at the Board meeting that is being held responsible for the request.  
  
\*Applications received that do not contain the required documents, fee, and signatures will be rejected.
5. On the web page, see the Agenda, Minutes, and Notes for meeting dates. Check the Agenda 1 - 2 days prior to Board meeting to ensure your name is listed requesting an apprenticeship. After the Board meeting, check the Notes to see if your request was approved. If approved, you will receive a wallet card, certificate, and quarterly reports approximately a week after the Board meeting.

**Oklahoma Funeral Board  
3700 N. Classen, Suite 175  
Oklahoma City, Oklahoma 73118  
405.522.1790**



## APPLICATION FOR APPRENTICE REGISTRATION

Updated February 9, 2015

THIS FORM MUST BE TYPED. ANY APPLICATION RECEIVED THAT IS NOT TYPED WILL BE REJECTED:

Name \_\_\_\_\_ Sex \_\_\_\_\_  
Last, First, Middle Initial

Address \_\_\_\_\_

City

State

Zip

County \_\_\_\_\_ SS# \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Cell Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ Other Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address \_\_\_\_\_

Are you now a legal resident of Oklahoma? \_\_\_\_\_ Since \_\_\_\_\_

Have you secured employment with a funeral home? \_\_\_\_\_

If so Where ? \_\_\_\_\_  
name of establishment address city

High School \_\_\_\_\_  
name city state

Date of high school graduation or of G.E.D. received \_\_\_\_\_

College(s) attended or currently attending and dates

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	YES	NO
A. Have you ever been convicted of a felony? (if yes, attach a letter to explain)	_____	_____
B. . Have you been convicted of a misdemeanor related to the Funeral Service Licensing Act, the prepaid benefits act, funeral service, or pertaining to the custody, care or disposal of dead human remains, unfair trade practices or fraud inside or outside of Oklahoma? (if yes, attach a letter to explain).	_____	_____
C. Are you a citizen of the United States? Please complete Citizen Affidavit.	_____	_____
D. Is the <b>REQUIRED</b> fee of \$150.00 enclosed with this application?	_____	_____
E. Is the <b>REQUIRED</b> official (must contain registrar's seal) high school transcript enclosed?	_____	_____
F. Is the <b>REQUIRED</b> Apprentice Employment Affidavit filled out, signed by all parties, notarized, and enclosed? (next page)	_____	_____
G. Have you ever been employed at a funeral home working as a non-apprentice? If yes, please list Funeral Home employed at:	_____	_____
_____		
_____		
_____		
H. Have you ever served an apprenticeship in the state of Oklahoma? If yes, please explain:	_____	_____
_____		
_____		
_____		
I. Are you at least 17 years in age?	_____	_____
J. Are you in compliance with the Oklahoma Tax Commission? (To verify, call the Oklahoma Tax Commission at 405-522-6800)	_____	_____
K. Are you in compliance with the Child Support statute provisions of 43 O.S. §139.1 et al?	_____	_____

**STATE OF OKLAHOMA REGISTERED APPRENTICE EMPLOYMENT  
AFFIDAVIT**

I, \_\_\_\_\_ of \_\_\_\_\_  
Name Street Address

\_\_\_\_\_ iIn the State of Oklahoma , being first duty  
City State Zip

Sworn, state that I am \_\_\_\_\_ years of age and that I am applying for an Apprentice Registration in the

State of Oklahoma, and that I am now employed by \_\_\_\_\_  
Name of Funeral Home

in the City of \_\_\_\_\_ in the State of Oklahoma.  
City of Funeral Home

I/we certify

1. that the applicant named herein is an employee of the establishment listed.
2. have read, understand, and will abide by the Funeral Service Licensing Act and Rules of the Oklahoma Funeral Board
3. apprenticeship will be served under the **personal** supervision of the licensees whose signatures appear on this application.
4. have read the application and the matters and things therein are true and correct.

Signed \_\_\_\_\_  
Applicant

Signed \_\_\_\_\_ FD  
Supervising Funeral Director License Number

Signed \_\_\_\_\_ EM  
Supervising Embalmer License Number

Additional Licensees who will be supervising Apprenticeship

Signed \_\_\_\_\_ FD # \_\_\_\_\_ EM# \_\_\_\_\_

Signed \_\_\_\_\_ FD # \_\_\_\_\_ EM# \_\_\_\_\_

Signed \_\_\_\_\_ FD # \_\_\_\_\_ EM# \_\_\_\_\_

Subscribed and sworn to or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, by \_\_\_\_\_.

[Applicant's Full Name]

My Commission Expires: \_\_\_\_\_

SEAL

Commission Number: \_\_\_\_\_

NOTARY \_\_\_\_\_



**OKLAHOMA FUNERAL BOARD OFFICE USE ONLY**

	Reviewed by	Comments
A.	_____	_____
B.	_____	_____
C.	_____	_____
D.	_____	_____
E.	_____	_____
F.	_____	_____
G.	_____	_____
H.	_____	_____
I.	_____	_____
J.	_____	_____
K.	_____	_____
APPRENTICE EMPLOYMENT AFFIDAVIT	_____	_____

Approved by Exec. Sec'y \_\_\_\_\_ to \_\_\_\_\_ Agenda

Approved by Board Sec'y \_\_\_\_\_