



**Occupational and Professional Licensing Administration
Board of Funeral Directors**

Supervision Form – Apprentice Funeral Director

RE: _____
Applicant's Name Social Security Number

Dear Sir/Madam:

The applicant whose name appears above has applied for a license to practice as an apprentice funeral director in the District of Columbia. Please complete the information requested below.

I, _____ (Supervisor), _____ (DC License #),
_____ (Funeral Home)

certify that, _____ (Applicant), will begin serving as an apprentice funeral director under my supervision immediately upon receipt of license. Will apprenticeship be full or part-time ?
If part-time basis, please state where else employed _____

Total number of apprentices employed at the funeral home _____

Funeral Director Signature _____

Subscribed and sworn to before me at _____, this day of _____, 20____.

(Notary Seal)

My commission expires on _____
Notary Public