IDAHO BOARD OF MORTICIANS
BUREAU OF OCCUPATIONAL LICENSES
700 West State Street, PO Box 83720
BOISE, IDAHO 83720-0063
Phone: (208) 334-3233 Fax: (208) 334-3945
Website: www.ibol.idaho.gov E-Mail: mor@ibol.idaho.gov

APPLICATION FOR RE-EXAMINATION

Complete this form by providing the requested information and submit it to the address listed above. The signature of the applicant must be notarized. This form is to be completed only if you have failed the exam. Please note you must wait 30 days to retake the exam. The completed application and the examination fee of **$100** payable to the Bureau of Occupational Licenses (IBOL) must be received before you will be scheduled for the examination. Fees are non-refundable. Return checks are subject to a $20 collection fee.

I wish to register for the Idaho Mortician Examination to be held in Boise, Idaho by appointment.

1. Full Name (Mr., Mrs., or Ms.) _____
First Middle Last

2. Address of Record_____
(The above address is a public record) Street City State Zip

3. Mailing Address_____
(The above address is not a public record) Street City State Zip

4. Social Security Number _____-_____-_____
Idaho Code § 73-122 requires all applicants to provide a Social Security Number

5. Business phone (_____)_____ Cell phone (_____)_____
(The above phone number is a public record) (The above phone number is not a public record)

6. E-mail _____
(The above e-mail address is not a public record)

A.D.A. NOTICE

If you have a disability as defined under the Americans with Disabilities Act, and you require special accommodation, please attach a written request for special accommodation that identifies the specific services that are being requested to meet your special needs. A request for special accommodation must be accompanied by current & historical medical documentation identifying your disability and supporting the need for the accommodations being requested.

AFFIDAVIT

Upon oath I certify that: (1) I am the applicant named in and who has signed this application; (2) I am a United States citizen or a legal permanent resident or I am otherwise lawfully present in the United States; (3) I have read and will conform to the Laws, Rules and ethical requirements governing the profession for which I am seeking a license or authority to practice; (4) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws, Rules or ethical requirements governing the profession for which I am seeking a license or authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted to me; (5) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate or incomplete; (6) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Bureau of Occupational Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license or authority for which I am applying and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; (7) I authorize the Bureau of Occupational Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority issued or applied for in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof; and (8) every statement made and all information presented in this application and any addendum or other attachment submitted herewith is true and correct.

_____
Applicant Signature

State of _____, County of _____, ss.

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

(seal)

_____
Notary Public Official Signature
My Commission Expires_____