Texas Funeral Service Commission

Amendment to Application for Registration
Provisional Licensing Program

Name of Provisional Licensee _____

Please complete form and return to the Commission within 10 days of changes to any of the following:

1. _____ _____
   Provisional Licensee's Printed Name Provisional License #

PLEASE CHECK ONE OF THE FOLLOWING: (MANDATORY TO CHECK THE APPROPRIATE BOX OR NO CHANGE WILL BE MADE)

- ☐ Add establishment location for additional casework
- ☐ Change of employment location

2. _____
   Funeral Establishment or Commercial Embalming Facility **Establishment License # (mandatory)**

3. _____
   Address City, State Zip

4. Phone Number (_____)_____

5. Name and License Number of Funeral Director in Charge or Embalmer in Charge

_____ _____ _____
Printed Name **Signature** **License Number**

_____ _____
Provisional Licensee Signature **Date**

Revised 3/8/12