**The Nova Scotia Board of Registration of Embalmers and Funeral Directors**

2165 Highway 206, PO Box 373,

Arichat, NS B0E 1A0

Tel: (902) 226-0770 Fax: (902) 226-3016

Email: ns.board@ns.aliantzinc.ca web: [www.nsbrefd.com](http://www.nsbrefd.com)

**STATEMENT OF GOOD STANDING**

**Applicant Information**

Mr. Mrs.

Ms. Miss.

*Circle One First Name Middle Name Last Name Date of Birth (M/D/Y)*

*Also Known As: 1. 2.*

**License History** *This applicant currently holds the following license (s)*

 *Funeral Director  Embalmer*

**Province License # Expiry Date Province License # Expiry Date**

Province License # Expiry Date Province License # Expiry Date

Years Licensed **Years Licensed**

 ***Based on our records, the applicant holds or has held licenses in the following jurisdictions:***

 Alberta  New Foundand & Labrador  Quebec  Ontario

* British Columbia  Nova Scotia  Saskatchewan  Other:
* Manitoba  Prince Edward Island  New Brunswick  Other:

 The applicant has never been the subject of any disciplinary action (s), condition (s), limitation (s), restriction (s), suspension (s), revocation (s), and has never been refused a license.

The applicant has been the subject disciplinary action(s), condition(s), limitation(s), restriction(s), suspensions(s), revocation(s), and has never been refused a licence, as explained below.

 Alberta  New Foundand & Labrador  Quebec  Ontario

* British Columbia  Nova Scotia  Saskatchewan  Other:
* Manitoba  Prince Edward Island  New Brunswick  Other:

 Alberta  New Foundand & Labrador  Quebec  Ontario

* British Columbia  Nova Scotia  Saskatchewan  Other:
* Manitoba  Prince Edward Island  New Brunswick  Other:

Disciplinary action Condition(s) Restriction(s) Revocation(s)

Limitation(s) Refused License Suspension(s) Other

Explanation:

The applicant (*funeral director/embalmer*) is, or has in the past ten (10) years, Yes No Unknown

Been actively engaged in practice in our jurisdiction.

**Jurisdictional Contact Information**

*Must be signed by the Administrator and issued directly to the receiving regulator.*

 Date

 Signature Month Day Year

Title: