

## RECIPROCAL CERTIFICATION

**(Must be completed by Licensing Board in the state you are currently licensed in.)**

State of \_\_\_\_\_

Name of Applicant \_\_\_\_\_

(1) License No. \_\_\_\_\_

License Type: \_\_\_\_\_

Date Issued \_\_\_\_\_

Expiration \_\_\_\_\_

Exam Average \_\_\_\_\_

(2) License No. \_\_\_\_\_

License Type \_\_\_\_\_

Date Issued \_\_\_\_\_

Expiration \_\_\_\_\_

Exam Average \_\_\_\_\_

A) Name of school licensee attended: \_\_\_\_\_

B) Has licensee been current and in good standing for a period of five consecutive years with your State Board? \_\_\_\_\_

**\*\*If NO, please enclose a letter to explain.**

C) Has applicant's license ever been disciplined by your State Board? ( revocation, suspension, probation, etc.)? \_\_\_\_\_

**\*\*If YES, please enclose a letter to explain and a copy of the final decision**

D) Are there any formal charges pending against this license? \_\_\_\_\_

**\*\*If YES, please enclose a letter to explain and a copy of any complaint(s).**

Additional comments:

Acting on behalf of \_\_\_\_\_, I certify that the above information is true and correct based on the records of this Board.

(STATE BOARD  
SEAL)

\_\_\_\_\_  
Official's Name

\_\_\_\_\_  
Official's Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**After certification is complete, please mail to: Oklahoma Funeral Board, 3700 N. Classen, Suite 175, Oklahoma City, Oklahoma 73118. This document can only come from the state that you are currently licensed in.**