



Janet T Mills

Governor

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Funeral Service
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

Joan F Cohen

Commissioner

SUPERVISOR APPROVAL FORM

Name of applicant or licensee: _____

Type of license/registration being applied for: ☐ Attendant ☐ Practitioner Trainee

Name of Funeral Establishment Employed By: _____

License number of Funeral Establishment: _____

Telephone number of Funeral Establishment: _____

Practitioner responsible for the training/supervision of the applicant: _____

Practitioner's license number: _____

If the above applicant is being registered as an attendant, please list the name(s) of all funeral establishments in which the attendant will be working:

Name of Establishment	License Number
_____	_____
_____	_____
_____	_____
_____	_____

THIS SECTION TO BE SIGNED BY THE PRACTITIONER RESPONSIBLE FOR THE PRACTITIONER TRAINEE/ATTENDANT.

I hereby certify that I will be responsible for the Practitioner Trainee/Attendant.

Signature of Practitioner: _____

Printed Name of Practitioner: _____ Date: _____



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OFFICE PHONE: (207)624-8624

TTY USERS CALL MAINE RELAY 711
OFFICES LOCATED AT: 76 NORTHERN AVENUE
GARDINER, MAINE

FAX: (207)624-8637