



# Crematory Application **NEW FEES IN EFFECT**

WEST VIRGINIA BOARD OF FUNERAL SERVICE EXAMINERS

*Application Deadline: 30 days prior to opening for business*

179 Summers Street, Suite 319  
Charleston, WV 25301  
304.558.0302

LICENSES ARE ISSUED BIENNIALY, SET TO EXPIRE ON JUNE 30<sup>TH</sup>. FOR INSTANCE, IF YOU APPLY IN MAY, YOUR LICENSE WILL BE ISSUED FOR ONLY 14 MONTHS. FEES CAN NOT BE PRORATED.

### DEMOGRAPHIC INFORMATION: Type or Print

Corporate or Parent Company		Phone	FEIN No
Business Name		Affiliated Funeral Home, where applicable	
Location Address		Mailing Address	
City-State-Zip		City-State-Zip	
County	Business Type (Corporation, Sole Proprietorship, LLC, etc.)	Email	
Operator-In-Charge			
Officers of Company or Owner's Name			

### CREMATORY OPERATORS EMPLOYED BY CREMATORY: List each, including name and title

(1) Name	Title	(6) Name	Title
(2) Name	Title	(7) Name	Title
(3) Name	Title	(8) Name	Title
(4) Name	Title	(9) Name	Title
(5) Name	Title	(10) Name	Title

List additional crematory operators on separate sheet of paper.

### OWNER(S) CERTIFICATION:

I do herewith make application to the WV Board of Funeral Service Examiners for a license to operate a crematory within this state. I certify that I have the authority to speak for the above-named crematory and publicly swear that the Crematory Operator in Charge, who has signed the Certification of Responsibility below, is an employee of the crematory and that the Crematory Operator in Charge has been vested with such authority to manage, conduct, and have supervision of the work and business of the crematory and is responsible therefore.

I do solemnly swear that the above-stated crematory will be equipped, maintained, and conducted strictly in compliance will all the laws and rules of West Virginia and the United States of America; including but not limited to OSHA standards, FTC standards, ADA standards, state public health laws, preneed laws, and the Funeral Service Examiners Act of West Virginia.

Owner Signature:	Date:	Witness:	Date:
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### OPERATOR-IN-CHARGE CERTIFICATION OF RESPONSIBILITY (must be full-time employee & registered crematory operator )

I understand that I shall be named on the above-stated crematory license as CREMATORY OPERATOR IN CHARGE, and therefore, shall be responsible for all transactions conducted by the crematory owners and staff as well as the entire scope of private and public services conducted by owners and staff, including the responsibility for all advertisements, stationery, price lists, and other correspondence as such.

I swear that should my authority as Crematory Operator in Charge cease or become compromised, for any reason whatsoever, I will immediately notify this Board thereof.

Crematory Operator-In-Charge Signature:	Date:	Witness:	Date:
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Do **NOT** separate application from stub. Return entire form and payment to the address below.

State of West Virginia  
Board of Funeral Service Examiners

*Make check or money order payable to: "WVBFSE".  
Cash and credit card payments can not be accepted.*

APPLICATION FEES: Attach the following fee to this application and mail to address listed below.		
Type	Due Date	Amount Due
New Crematory	30 days prior to opening	\$755.00 (includes a \$440 license fee and a \$315 one-time inspection fee)

Business Name: \_\_\_\_\_

Mail ENTIRE FORM to:  
Board of Funeral Service Examiners  
179 Summers Street – Room 319  
Charleston, WV 25301

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