Crematory Operator Application

WEST VIRGINIA BOARD OF FUNERAL SERVICE EXAMINERS
179 Summers Street, Suite 319
Charleston, WV 25301
304.558.0302

LICENSES ARE TWO YEARS ISSUED BIENNIALLY, SET TO EXPIRE ON JUNE 30TH.

If you make a false statement concerning any question on this application, you may be subject to disciplinary action including but not limited to revocation or suspension of your certificate.

SUBMIT YOUR CERTIFIED CREMATORY OPERATOR TRAINING CERTIFICATE WITH APPLICATION

IF NOT SUBMITTED WITH THE APPLICATION, WE WILL NOT PROCESS THE APPLICATION.

DEMOGRAPHIC INFORMATION: Please type or print.

Crematory Operator Name (Last, First, MI)	Social Security No.
Mailing Address	Day Phone Cell Phone Home Phone
City-State-Zip	Employer
County of Residence	Email
Birthdate	

EMPLOYMENT STATUS: check ALL that apply.

□ Employee at a crematory □ Other: _____ □ Not employed at a crematory

□ Owner of a crematory □ Other: _____

CHILD SUPPORT OBLIGATION:

Pursuant to W.Va. Code §48A-5A-5(c), each applicant for license must answer the following questions and certify, under penalty of false swearing, that these answers are true and correct. If you refuse to answer the questions, your license will not be issued, resulting in your inability to practice.

1. Do you have a child support obligation?	□ YES	□ NO
2. If the answer to question 1, above, is YES, are you in arrearage (or behind in payment)?	□ YES	□ NO
3. If the answer to question 2, above, is YES, does your arrearage equal or exceed the amount of child support payable for 6 months?	□ YES	□ NO
4. Are you the subject of a child support related subpoena or warrant?	□ YES	□ NO

CRIMINAL BACKGROUND:

1. Have you ever been convicted of a felony or a federal crime?	□ YES	□ NO
2. Are you currently charged with a felony crime, federal crime, or the equivalent?	□ YES	□ NO

SIGNATURE:

I _____ do hereby certify, under penalties of perjury and false swearing, that the above information is true and correct to the best of my knowledge.

Signature: _____

Do NOT separate application from stub. Return entire form and payment to the address below.

State of West Virginia
Board of Funeral Service Examiners

APPLICATION FEES: Attach the following fee to this application and mail to address listed below.

Type	Due Date	Amount Due
Crematory Operator	**Prior to practicing**	**$150.00**

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

Name_____

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

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