

# Branch Facility License Reinstatement Form

West Virginia Board of Funeral Service Examiners  
179 Summers Street, Suite 319  
Charleston, WV 25301  
Phone: 304-558-0302



If you make a false statement concerning any questions on this application, you may be subject to disciplinary action including but not limited to denial of reinstatement of your license.

## DEMOGRAPHIC INFORMATION:

Applicant's or Owners Name (Last, First, MI)		Job Title:	
Applicant's Corporate or Company Name:		DBA Name:	
License Type: (main funeral establishment, branch funeral establishment, crematory)		Old License # (if known)	Day Phone
Mailing address (with city, state & zip):		County	Email
DBA Address	DBA City, State, Zip	FEIN #	Business Type (corporate, proprietorship, etc.)

Licensee or Operator in charge:

## QUESTIONNAIRE:

1. In what year was this business licensed to operate in West Virginia? \_\_\_\_\_ 19 \_\_\_\_ or 20 \_\_\_\_
2. In what year(s) did you fail to renew this business license? \_\_\_\_\_ 19 \_\_\_\_ or 20 \_\_\_\_
3. Have you had a similar license disciplined or revoked in the state of West Virginia or any other state? YES \_\_\_\_ NO \_\_\_\_
4. List all funeral service licensees, apprentices, or crematory operators which are or will be employed by this business:

5. State briefly why you allowed your license/certificate to lapse:

6. State briefly what occupation you have been engaged in since the day the business' license became delinquent:

9. State briefly why you are seeking reinstatement of the business' license:

Use reverse if more room is needed to answer.

## OWNER(S) CERTIFICATION:

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

I do solemnly swear that the above named business will be equipped, maintained, and conducted strictly in compliance with 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 pre-need laws and the Funeral Services Act of West Virginia.

Owner signature: \_\_\_\_\_ Date: \_\_\_\_\_ Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**LICENSEE or OPERATOR IN CHARGE CERTIFICATION OF RESPONSIBILITY**

(Funeral homes: must be full time employee and licensed funeral director

crematories: must be full time and a registered crematory operator

I understand that I shall be named on the above-stated business' license as LICENSEE-IN-CHARGE or OPERATOR-IN-CHARGE, and therefore, shall be responsible for all transactions conducted by the business 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, stationary, price lists, and other correspondence as such.

I swear that should my authority as Licensee-In-Charge or Operator-In-Charge cease or become compromised, for any reason whatsoever, I will immediately notify the West Virginia Board of Funeral Service Examiners thereof.

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.

LIC or OIC signature:

Date:

**FEEES \$695.00 TOTAL (\$345.00 RENEWAL FEE PLUS \$ 350.00 REINSTATEMENT FEE)**