



Crematory Operator Application

WEST VIRGINIA BOARD OF FUNERAL SERVICE EXAMINERS

Application Deadline: June 30th

Applications received after July 1, you will be assessed a \$190.00 late fee
TWO YEAR LICENSE (EXPIRES JUNE 30, 2024)

NEW FEES IN EFFECT

179 Summers Street, Suite 319
Charleston, WV 25301
304.558.0302

**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.**

DEMOGRAPHIC INFORMATION:

Crematory Operator Name	
License No.	Day Phone
Mailing Address	Email
County of Residence	Employer

EMPLOYMENT STATUS: check ALL that apply.

- Employee at a crematory
 Unemployed
 Retired
 Not employed at a crematory
 Owner of a crematory
 Other (Explain):

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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. If the answer to question 1, above, is YES, are you in arrearage (or behind in payment)?	<input type="checkbox"/> YES	<input type="checkbox"/> 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Are you the subject of a child support related subpoena or warrant?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

CRIMINAL BACKGROUND:

1. Have you ever been convicted of a felony or a federal crime?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Have you been convicted of a felony or a federal crime since you last renewed your license?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Are you currently charged with a felony crime, federal crime, or the equivalent?	<input type="checkbox"/> YES	<input type="checkbox"/> 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: _____

Date: _____

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.

License Number	Due Date	Amount Due	After July 1.	
CO license #	June 30th	\$150.00	\$340.00	

After 90 days from due date, this application becomes invalid and applicant must apply for reinstatement. Contact WVBFS for more information on reinstatement.
REINSTATEMENT FEE \$ 350.00, RENEWAL FEE \$ 150.00 LATE FEE \$ 190.00 TOTAL - \$ 690.00

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

NAME:

ADDRESS:

CITY,STATE,ZIP:

Mail ENTIRE FORM to:

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