



Crematory Operator Renewal Application

WEST VIRGINIA BOARD OF FUNERAL SERVICE EXAMINERS

Application Deadline: June 30

Applications received after June 30 will be assessed a \$150.00 late fee

179 Summers Street, Suite 319

Charleston, WV

25301

304.558.0302

TWO YEAR LICENSE (EXPIRES JUNE 30, 2023)

**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: Please make corrections in Red Ink.

Crematory Operator Name		
License No.	Day Phone	Cell 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 past due date	Reinstatement fees Renewal Fee plus Late fee	After 90 days, this application becomes invalid and applicant must apply for reinstatement. Contact WVBFSE for more information on reinstatement.
CO License #	June 30	\$120.00	\$270.00	\$ 270.00	

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

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