



MORTUARY SERVICE Renewal Application

WEST VIRGINIA BOARD OF FUNERAL SERVICE EXAMINERS

Application Deadline: June 30th

Applications received after July 1 will be assessed a \$ 190.00 late fee
TWO YEAR LICENSE

NEW FEES IN EFFECT

179 Summers Street, Suite 319
Charleston, WV 25301
304.558.0302

DEMOGRAPHIC INFORMATION: Please make corrections in Red Ink.

Corporate or Parent Company		FEIN No.
Board License No.		Tax Department License No.
DBA Name		Business Type (Corporation, Sole Proprietorship, LLC, etc.)
Location		Mail Address
County	Phone	Email
Licensee-In-Charge		

Officers of Company or Owner's Name

EMPLOYEES: FD = Funeral Director. Please make corrections in Red Ink.

List Additional Employees on separate sheet of paper.

LICENSEE-IN-CHARGE CERTIFICATION OF RESPONSIBILITY (must be a full-time employee and a licensed funeral director)

I understand that I shall be named on the above-stated mortuary service license as LICENSEE-IN-CHARGE, and therefore, shall be responsible for all transactions conducted by the mortuary service owners and staff as well as the entire scope of private and public services conducted by owners and staff. I swear that should my authority as Licensee-In-Charge cease or become compromised, for any reason whatsoever, I will immediately notify the West Virginia Board of Funeral Service Examiners thereof.

Licensee-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

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

License Number	Due Date	Amount Due	After July 1.	
MS#	June 30th	\$500.00	\$690.00	After 90 days from due date, this application becomes invalid and applicant must apply for reinstatement. Contact WVBFSE for more information on reinstatement. REINSTATEMENT FEE \$ 350.00, RENEWAL FEE \$ 500.00, LATE FEE \$ 190.00 TOTAL - \$ 1040.00

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

DBA name:
Address:
City, State, Zip:

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