



Crematory Reinstatement Application

WEST VIRGINIA BOARD OF FUNERAL SERVICE EXAMINERS

179 Summers Street, Suite 319
Charleston, WV 25301
304.558.0302

DEMOGRAPHIC INFORMATION:

Corporate or Parent Company

Board License No.

Business Name

Location

County

Phone

Operator-In-Charge

Officers of Company or Owner's Name

CREMATORY OPERATORS EMPLOYED BY CREMATORY:

- 1.
- 2.
- 3.
- 4.

List additional crematory operators on separate sheet of paper.

OWNERS CERTIFICATION

I do herewith make application to the WV Board of Funeral Service Examiner for reinstatement of a license to operate a crematory within this state. I certify that I have the authority to speak for the above-named crematory and publicly swear that the Crematory Operator in Charge, who has signed the Certification of Responsibility below, is an employee of the crematory and that the Crematory Operator in Charge has been vested with such authority to manage, conduct, and have supervision of the work and business of the crematory and is responsible therefore.

I do solemnly swear that the above-stated crematory will be equipped, maintained, and conducted strictly in compliance will 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, preneed laws, and the Funeral Service Examiners Act of West Virginia.

Owners Signature: _____

Date: _____

OPERATOR-IN-CHARGE CERTIFICATION OF RESPONSIBILITY

I understand that I shall be named on the above-stated crematory license as CREMATORY OPERATOR IN CHARGE, and therefore, shall be responsible for all transactions conducted by the crematory 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, stationery, price lists, and other correspondence as such.

I swear that should my authority as Crematory Operator in Charge cease or become compromised, for any reason whatsoever, I will immediately notify this Board thereof.

Operator-in-charge signature:

Date:

FEES - \$ 790.00 TOTAL (\$ 440.00 RENEWAL FEE PLUS \$ 350.00 REINSTATEMENT FEE)