



Crematory Renewal Application

WEST VIRGINIA BOARD OF FUNERAL SERVICE EXAMINERS

Application Deadline: June 30th

Applications received after July 1 will be assessed a \$ 150.00 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.	Business Type	
Business Name	Affiliated Funeral Home, if any	
Location	Mail Address	
County	Phone	CITY, STATE, ZIP
Operator-In-Charge		Email
Officers of Company or Owner's Name		

CREMATORY OPERATORS EMPLOYED BY CREMATORY: Please make corrections in Red Ink.

1.	5.
2.	6.
3.	7.
4.	8.

List additional crematory operators on separate sheet of paper.

OPERATOR-IN-CHARGE CERTIFICATION OF RESPONSIBILITY (must be full-time employee & registered crematory operator)

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.

Crematory Operator-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 June 30th	After July 1	
	06/30/2020	\$440.00	\$630.00	

After 90 days past the due date, this application becomes invalid and applicant must apply for reinstatement. Contact WVBFS for more information on reinstatement. REINSTATEMENT FEE \$ 350.00, INSPECTION FEE \$ 375.00, RENEWAL FEE \$ 440.00, TOTAL - \$ 1165.00

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

MAIN FACILITY:
DBA NAME:
ADDRESS:
CITY, STATE, ZIP:

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