

**APPLICATION FOR
CREMATORY ESTABLISHMENT LICENSE**
*(for initial licensure, reinstatement of license,
name and/or location change)*

***** DO NOT SUBMIT THIS APPLICATION UNTIL
THE FACILITY IS READY FOR INSPECTION *****

Date Entered	_____
Receipt #	_____
Submitted \$	_____
Date Issued	_____

I am applying for: (Check one)

- New Establishment – Fee* \$150.00 Reinstatement of License CREM_____ - Fee* \$390.00
 Change of Name – Fee* \$150.00 Change of Location - Fee* \$150.00

**Application fees are non-refundable*

Please check this box if the applicant is a military spouse or a transitioning service member of the United States armed forces, including the National Guard.

Establishment Name (if name change, show new name***)

FEI # (Federal Employer's ID #)

Funeral Director in Full & Continuous Charge

FDFCC Lic. #

Embalmer Lic. #

Mailing Address: Street or PO Box, City, State, County, Zip

Telephone

Fax

Website

Email address (required)

Physical Location Address: Street (PO Box is not acceptable) – *This information will appear on license and on board website.*

City, State, County, Zip

Date of last crematory inspection (if applicable): _____

*****If submitting a name or location change, provide the following:**

Previous Establishment License #: _____

Previous Establishment Name: _____

Previous Establishment Address: _____

**GEORGIA STATE BOARD OF FUNERAL SERVICE
APPLICATION FOR CREMATORY ESTABLISHMENT LICENSE**

OWNERSHIP / RELATIONSHIP INFORMATION

Complete this section if the business is a SOLE PROPRIETORSHIP

Owner Name: _____ Telephone: _____

Residence: _____
Street (PO Box not allowed), City, State, Zip

Complete this section if the business is a CORPORATION or a LIMITED LIABILITY COMPANY (LLC)

Date registered with GEORGIA SECRETARY OF STATE: _____

Legal Business Name: _____

PRINCIPAL OFFICERS (attach additional pages if necessary):

Name Title Telephone

Residence: Street (PO Box not acceptable), City, State, Zip

Name Title Telephone

Residence: Street (PO Box not acceptable), City, State, Zip

Name Title Telephone

Residence: Street (PO Box not acceptable), City, State, Zip

Complete this section if the BUSINESS IS A PARTNERSHIP

Partners (attach additional pages if necessary):

Name Title Telephone

Residence: Street (PO Box not acceptable), City, State, Zip

Name Title Telephone

Residence: Street (PO Box not acceptable), City, State, Zip

**GEORGIA STATE BOARD OF FUNERAL SERVICE
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OWNERSHIP / RELATIONSHIP INFORMATION

All Funeral Directors who own or are employed by the establishment or are otherwise connected with the establishment must be listed below: (attach additional pages if needed)

_____	FD _____	EMB _____
Name	Funeral Director License #	Embalmer License #
_____	FD _____	EMB _____
Name	Funeral Director License #	Embalmer License #
_____	FD _____	EMB _____
Name	Funeral Director License #	Embalmer License #
_____	FD _____	EMB _____
Name	Funeral Director License #	Embalmer License #

CERTIFIED RETORT OPERATORS (all operators must be certified)

Name: _____ Certification Date: _____

Name: _____ Certification Date: _____

Name: _____ Certification Date: _____

BACKGROUND INFORMATION

YES	NO	Have any of the owners, officers, corporate directors, or funeral directors of the establishment ever been convicted or sentenced for a felony, misdemeanor, DUI or DWI? <i>If yes, provide documentation.</i>
YES	NO	Have any of the owners, officers, corporate directors, or funeral directors of the establishment ever pled guilty, pled NOLO CONTENDERE, or been given First Offender status for a felony, misdemeanor, DUI or DWI? <i>If yes, provide documentation.</i>
YES	NO	Have any of the owners, officers, corporate directors, or funeral directors of the establishment ever had a disciplinary action imposed on them by a licensing authority in any state, including Georgia? <i>If "YES", attach a written explanation and include relevant documentation.</i>

Person responsible for completion of this application: _____
 Relationship to applicant: ___ Owner ___ FDFCC ___ Other: _____

Under penalty of perjury, I swear or affirm that all answers to the foregoing questions and statements made in this application and attachments thereto are true and correct to the best of my knowledge.

Applicant signature Sworn to and subscribed to me this
 _____ day of _____, _____

Date: _____

 Notary Public
 My Commission Expires: _____

NOTARY SEAL

**GEORGIA STATE BOARD OF FUNERAL SERVICE
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Questionnaire for Funeral Director in Full & Continuous Charge

- Are you a resident of Georgia? ___ Yes ___ No* **If no, you cannot be the FDFCC.*
- Name of establishment at which you will be FDFCC: _____
- Do you have other employment? ___ Yes ___ No
 - If "Yes", how many hours per week do you work at the other employment? _____
 - Distance between your other employment and the establishment at which you will be the FDFCC:
Miles: _____ and Time (Hrs/Mins): _____
- Distance between your residence and the establishment at which you will be the FDFCC?
Miles: _____ and Time (Hrs/Mins): _____
- If a trade embalmer, approximately how many hours per week do you spend as a trade embalmer? _____

EMPLOYMENT AFFIDAVIT (Check the one that is applicable to you)

_____ **No Other Employment:** Under penalty of perjury, I hereby swear or affirm that I, the undersigned, am a resident of the State of Georgia, that I will not have other employment, that I will not accept other employment, unless I am approved by the Board to do so, and that I will, if approved, meet all the requirements of the Funeral Director in Full and Continuous Charge.

_____ **Other Employment:** Under penalty of perjury, I hereby swear or affirm that I, the undersigned, am a resident of the State of Georgia; that I will be the Funeral Director in Full and Continuous Charge of the establishment for which this application is being made; that I **will not be a full-time** employee of the establishment for which this application is being made, but I will have additional employment; that I will, if approved, be accessible or available to the establishment for which this application is being made and to the community, and that I will, if approved, meet all the requirements of the Funeral Director in Full and Continuous Charge.

APPLICANT TO COMPLETE THIS SECTION: Other Employer Name: _____

Supervisor Name

Other Employer Physical Address

_____(initial) I do hereby authorize my Employer to provide information of the extent to which I would be permitted to leave the place of employment and go to the establishment, or any other site that demands my presence as a Funeral Director in the operation of and conduct of funeral business, as required by the Rules of the Georgia State Board of Funeral Service.

EMPLOYER* TO COMPLETE THIS SECTION – (*highest ranking person in the company, department or agency)

- Does your company have a leave policy? ___ Yes ___ No
If yes, does the leave policy apply to this employee? ___ Yes ___ No
Does this employee have permission to leave? ___ Yes ___ No

_____(initial) I do hereby certify that the above statements accurately describe the extent to which the above-named employee is permitted to leave his/her employment to go to his/her establishment, or any other site that demands his/her presence as a Funeral Director, in the operation and conduct of the funeral business.

Employer Signature (must be notarized)

Employer Title

Date

Company, Department or Agency Name: _____

FDFCC applicant signature (must be notarized): _____ FDFCC License #: _____

Sworn to and subscribed before me this _____ day of _____, _____

NOTARY SEAL

Notary Public: _____

My Commission expires: _____

**GEORGIA STATE BOARD OF FUNERAL SERVICE
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Funeral Director in Full & Continuous Charge (FDFCC) Applicant Background Questionnaire

The following questions must be answered by the applicant. If "yes" is answered to any question, documentation/explanation must be provided, including certified documentation showing court dispositions, board disciplinary action reports, etc., as well as a personal, detailed letter of explanation regarding each incident.

FDFCC Applicant Name (printed): _____

Have you ever been arrested? <i>Note: The answer to this question is "Yes" if an arrest or conviction has been pardoned, expunged, dismissed or deferred, you pled and completed probation under First Offender and/or your civil rights have been restored and/or you have received legal advice that the offense will not appear on your criminal record.</i>	Yes	No
Has any license issued to you by any board, agency, or licensing authority in any state, including Georgia, been revoked, suspended, or otherwise sanctioned?	Yes	No
Have you ever been denied issuance of, or pursuant to any disciplinary proceedings, been refused renewal of a license by any board, agency, or licensing authority in any state, including Georgia?	Yes	No
Have you knowingly failed to renew a license during an investigation or disciplinary action?	Yes	No
Have you been subject to disciplinary action or had your membership revoked by a professional organization governing the practice of that profession?	Yes	No
To the best of your knowledge, is there any disciplinary action pending against you by any licensing board or professional organization?	Yes	No
Are you <u>unable</u> to practice with reasonable skill and safety due to use of alcohol, drugs, narcotics, chemicals or any other types of material?	Yes	No
Are you <u>unable</u> to practice with reasonable skill and safety due to illness, or as a result of any mental or physical condition? If yes, attach a notarized physician's statement.	Yes	No
Have you had any suit filed against you related to the practice of a profession?	Yes	No

AFFIDAVIT

I hereby swear or affirm that the answers and information contained in this section of the application are true, complete, and correct. I understand that making a false or misleading statement on this form is a crime and may result in criminal prosecution and in my being denied a license from the Georgia State Board of Funeral Service. (See O.C.G.A. § 43-1-19, O.C.G.A. § 16-10-71.)

FDFCC Applicant Signature

Date: _____

State of Georgia
County of _____
Subscribed and sworn before me this
____ day of _____, _____

Notary Public
My Commission Expires: _____

NOTARY SEAL

**GEORGIA STATE BOARD OF FUNERAL SERVICE
237 COLISEUM DRIVE
MACON, GA 31217
404-424-9966
www.sos.ga.gov/plb/funeral**

ZONING CERTIFICATION

(required for initial licensure, reinstatement, name change, and location change)

THIS IS TO CERTIFY THAT

Crematory Establishment Name

Street Address, City, State, Zip

Owner(s)

has met all zoning standards that are required to operate the proposed crematory establishment in

City

_____, _____
County

SIGNATURE OF ZONING COMMISSIONER

PRINT NAME OF ZONING COMMISSIONER

SWORN TO AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____, _____

NOTARY PUBLIC

My Commission Expires _____

NOTARY SEAL

**Georgia Bureau of Investigation
Georgia Crime Information Center**

CONSENT FORM

I hereby authorize **The Georgia State Board of Funeral Service** to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (Print)

Address, City, State, County, Zip

Sex

Race

Date of Birth

Social Security Number

By signing this form, I acknowledge that I have been informed of the Non-Criminal Justice applicant's Privacy Rights and the Privacy Act Statement (title 28 United States Code § 534).

Applicant Signature

Date

Special employment provisions (check if applicable):

Employment with mentally disabled (Purpose code "M")

Employment with elder care (Purpose code "N")

Employment with children (Purpose code "W")

Select one of the following (required):

This authorization is valid for __90 days / __180 days / ____ days from date of signature.

I, _____, give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

GEORGIA STATE BOARD OF FUNERAL SERVICE

FEE SCHEDULE

Note: Fees are non-refundable.

FUNERAL ESTABLISHMENT		CREMATORY ESTABLISHMENT	
Initial Application Fee	\$150.00	Initial Application Fee	\$150.00
Renewal Fee – on or by March 31 of renewal year	\$140.00	Renewal Fee – on or by March 31 of renewal year	\$140.00
Late Renewal Fee – April 1 - April 30 of renewal year	\$390.00	Late Renewal Fee – April 1 - April 30 of renewal year	\$390.00
Licenses not renewed by May 1 of renewal year will be lapsed - requires reinstatement, at Board's discretion		Licenses not renewed by May 1 of renewal year will be lapsed - requires reinstatement, at Board's discretion	
Change of Establishment Name	\$150.00	Change of Establishment Name	\$150.00
Change of Establishment Location/Address	\$150.00	Change of Establishment Location/Address	\$150.00
Change of Funeral Director In Full And Continuous Charge	\$50.00	Change of Funeral Director In Full And Continuous Charge	\$50.00
Change of Ownership	No Fee	Change of Ownership	No Fee
Re-Inspection, If Initial Inspection Is Failed	\$100.00	Re-Inspection, If Initial Inspection Is Failed	\$100.00
FUNERAL DIRECTOR		EMBALMER	
Initial Application Fee	\$50.00	Initial Application Fee	\$ 50.00
Initial Application Fee for License by Endorsement or Reciprocity - must hold a current/valid Georgia Embalmer License	\$175.00	Initial Application Fee for License By Endorsement or Reciprocity	\$175.00
Renewal – on or by March 31 of renewal year	\$100.00	Renewal - on or by March 31 of renewal year	\$100.00
Late Renewal – April 1 - April 30 of renewal year	\$200.00	Late Renewal – April 1 - April 30 of renewal year	\$200.00
Reinstatement –At Board's Discretion, After April 30 of renewal year	\$300.00	Reinstatement –At Board's Discretion, After April 30 of renewal year	\$300.00
EMBALMER + FUNERAL DIRECTOR		APPRENTICESHIP	
Initial Application Fee for BOTH License types by Endorsement or Reciprocity – does not include GA Law & Rules Exam Fee	\$350.00	Initial Registration Fee	\$40.00
		Renewal – on or by March 31 of renewal year	\$70.00
INACTIVE STATUS / REACTIVATION		Late Renewal –April 1 - April 30 of renewal year	\$140.00
Inactive Status Application Fee, per license type	\$ 35.00	Reinstatement required after May 1 of renewal year	\$180.00
Reactivation Fee, per license type	\$100.00	Change of Apprenticeship Location	\$ 20.00
EDUCATION PROVIDERS		Change of Supervising Embalmer and/or Funeral Director	\$ 20.00
Application for Approved Continuing Education Provider (submit at least 1 completed CE course for board review)	\$250.00 per provider per renewal	Verification of Apprenticeship Hours	\$ 35.00
EXAMINATION INFO		OTHER FEES	
Georgia Laws & Rules Exam is given by PSI; 800-733-9267; www.psiexams.com National Exam – contact The Conference at 479-442-7076; www.theconferenceonline.org		License Verification Letter (order online)	\$ 35.00
		Duplicate License (blue card)/Wall Certificate (may order thru website)	\$ 25.00
		Decorative Wall Certificate, per license type	\$ 50.00

NOTE: Check or money order payable to GEORGIA STATE BOARD OF FUNERAL SERVICE. Fees may be changed at the discretion of the Board without prior notice. Application Fees are non-refundable. Other refund requests must be in writing. Returned checks will incur fees in accordance with Code Section 16-9-20 of the Criminal Code of Georgia.