

**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

Signature: _____

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	Signature: _____	

Name	Title	Telephone
Residence: _____ Street (PO Box not acceptable), City, State, Zip	Signature: _____	

Name	Title	Telephone
Residence: _____ Street (PO Box not acceptable), City, State, Zip	Signature: _____	

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	Signature: _____	

Name	Title	Telephone
Residence: _____ Street (PO Box not acceptable), City, State, Zip	Signature: _____	

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

CREMATION DEVICES (Provide the requested information for all cremation devices at the establishment. Applicants may not operate any other cremation devices without first notifying the Board. Attach additional pages if necessary).

Type of Device (e.g. traditional flame, alkaline hydrolysis, etc.)	Make	Model	Year Installed
--	------	-------	----------------

Type of Device (e.g. traditional flame, alkaline hydrolysis, etc.)	Make	Model	Year Installed
--	------	-------	----------------

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)

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

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

CERTIFIED CREMATORY OPERATORS (any employee who may operate a cremation device must be certified as a crematory operator from a course approved by the Board prior to operating such device. A list of approved education providers can be found on the Board's website. A copy of the certification(s) must be submitted with the application.)

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
APPLICATION FOR CREMATORY ESTABLISHMENT LICENSE**

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 this employee have permission to leave at any time, regardless of whether they have paid leave available, to fulfill their duties as Funeral Director in Full and Continuous Charge? ___ 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: _____

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

NOTARY SEAL

Notary Public: _____

My Commission Expires: _____

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
APPLICATION FOR CREMATORY ESTABLISHMENT LICENSE**

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
CREMATORY ESTABLISHMENT LICENSE APPLICATION

AFFIDAVIT

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Funeral Service, and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1 (mark either 1 or 2 below as it applies to your status):

- 1) _____ I am a United States citizen 18 years of age or older. You must submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other approved document.
- 2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. You must submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA") provides that "[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law's website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General." O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status. This list may be found on the Board's website at this address: <http://sos.ga.gov/admin/files/svd2013.pdf>

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has attached at least one Secure and Verifiable Document, as required by O.C.G.A. § 50-36-2, with this Affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

State of Georgia, County of _____

Print name of Applicant

Subscribed and sworn to before me this
_____ day of _____, _____

Signature of Applicant

Notary Public
My Commission expires: _____

NOTARY SEAL (legible ink seal required; If using embossed seal, apply shading to make seal legible when digitized.)

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

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



Office of the Secretary of State
Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize the Georgia State Board of Funeral Service to conduct an inquiry for the purpose listed below
Agency/Company
and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

Table with 4 columns: Full Name (print), Address, Sex, Race, Date of Birth, Social Security Number

Please check ONLY one of the boxes listed below:

- Checkboxes for authorization validity (days from date of signature) and consent to periodic criminal history background checks.

Signature _____ Date _____

AREA BELOW IS FOR AGENCY USE ONLY

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check one)

Table with categories: NON-CRIMINAL JUSTICE PURPOSES (E, M, N, W, P, F), PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY) (U), CRIMINAL JUSTICE EMPLOYMENT (J, Z)

The inquiry resulted in the following: (check all that apply)

Table with options: No Criminal Record Available, Criminal Record (Attached/Released), No NCIC/GCIC Warrant, Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

Agency Designee Signature and Title: _____ Date: _____

**GEORGIA STATE BOARD OF FUNERAL SERVICE
FEE SCHEDULE**

Note: Fees are non-refundable. All applications should include an additional \$10.00 processing fee for paper applications and an additional \$5.00 processing fee for online applications.

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
		OTHER FEES	
EXAMINATION INFO		License Verification Letter (order online)	\$ 35.00
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		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.