



If you make a false statement concerning any question on this application, you may be subject to disciplinary action including but not limited to denial of reinstatement of your license.

DEMOGRAPHIC INFORMATION:

Applicant's or Owner's Name (Last, First, MI)		Job Title	
Applicant's Corporate or Company Name		DBA Name	
License Type (main funeral establishment, branch funeral establishment, crematory)		Old License No(s), if known	Day Phone
Mailing Address		County	Email
Location Address		FIEN No.	Business Type (corporation, proprietorship, etc.)
City-State-Zip		Licensee or Operator in Charge	

QUESTIONNAIRE:

- In what year was this business originally licensed to operate in West Virginia? 19 ____ or 20 ____
- In what year(s), did you fail to renew this business' license? 19 ____ or 20 ____
- Have you had a similar license disciplined or revoked in the state of West Virginia or any other state? YES NO
- List all funeral service licensees, apprentices, or crematory operators which are or will be employed by this business:
- State briefly why you allowed your license/certificate to lapse:
- State briefly what occupation you have been engaged in since the day the business' license became delinquent:
- Are you presently employed in a funeral home or crematory, other than the business listed above? YES NO
- If you answered YES to question #7 above: Name of employer: _____
Date of Hire: _____
- State briefly why you are seeking reinstatement of the business' license:

Use reverse if more room is needed to answer.

OWNER(S) CERTIFICATION:

I do herewith make application to the WV Board of Funeral Service Examiners for a license to operate a MAIN funeral establishment within this state. I certify that I have the authority to speak for the above-named business and publicly swear that the Licensee or Operator In Charge, who has signed the Certification of Responsibility below, is a full-time employee of this business and the Licensee or Operator In Charge has been vested with such authority to manage, conduct, and have supervision of the work and business of the this business and is responsible therefore.

I do solemnly swear that the above-stated business will be equipped, maintained, and conducted strictly in compliance with 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.

Owner Signature:	Date:	Witness:	Date:
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LICENSEE or OPERATOR IN CHARGE CERTIFICATION OF RESPONSIBILITY:

(funeral homes: must be a full-time employee and a licensed funeral director

crematories: must be full-time employee and a registered crematory operator)

I understand that I shall be named on the above-stated business' license as LICENSEE-IN-CHARGE or OPERATOR-IN-CHARGE, and therefore, shall be responsible for all transactions conducted by the business 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 Licensee-In-Charge or Operator-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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DISCLOSURE OF FEES:

Main Funeral Establishment, Branch Funeral Establishment, Crematory

If your license has been lapsed for less than one year since it expired, there is a \$200.00 reinstatement fee and a \$200.00 inspection fee, in addition to the renewal fee for your license type.

If your license has been lapsed for more than one year since it expired, there is a \$250.00 reinstatement fee and a \$200.00 inspection fee, in addition to the renewal fee for the current licensure period.

SIGNATURE:

I _____ do hereby certify, under penalties of perjury and false swearing, that the above information is true and correct to the best of my knowledge.

Applicant Signature:	Date:
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Use this area to continue Question #9.

**State of West Virginia
Board of Funeral Service Examiners**

179 Summers Street, Suite 305
Charleston, WV 25301
304-558-0302
Fax: 304-558-0660

INVOICE

CUSTOMER:
Name: _____
Address: _____

INVOICE NO. Web2003

DUE DATE see below

DESCRIPTION Reinstatement Application

QTY	DESCRIPTION	PRICE EA.	AMOUNT
Within one calendar year of license lapse			
MAIN FACILITY			
1	reinstatement fee	\$200.00	\$200.00
1	renewal fee	\$350.00	\$350.00
1	Inspection fee	\$200.00	\$200.00
			TOTAL \$750.00
BRANCH FACILITY			
1	reinstatement fee	\$200.00	\$200.00
1	renewal fee	\$210.00	\$210.00
1	Inspection fee	\$200.00	\$200.00
			TOTAL \$610.00
After one calendar year of license lapse			
MAIN FACILITY			
1	reinstatement fee	\$250.00	\$250.00
1	renewal fee	\$350.00	\$350.00
1	Inspection fee	\$200.00	\$200.00
			TOTAL \$800.00
BRANCH FACILITY			
1	reinstatement fee	\$250.00	\$250.00
1	renewal fee	\$210.00	\$210.00
1	Inspection fee	\$200.00	\$200.00
			TOTAL \$660.00

MAKE CHECK OR MONEY ORDER PAYABLE TO:

West Virginia Board of Funeral Service Examiners or WVBFSE