



MORTUARY SERVICE New Application

WEST VIRGINIA BOARD OF FUNERAL SERVICE EXAMINERS

Application Deadline: 30 Days prior to opening for business **NEW FEES IN EFFECT** 179 Summers Street, Suite 319

Charleston, WV 25301
304.558.0302

LICENSES ARE ISSUED BIENNIALLY, SET TO EXPIRE ON JUNE 30TH. FOR INSTANCE, IF YOU APPLY IN MAY, YOUR LICENSE WILL BE ISSUED FOR ONLY 14 MONTHS. FEES CAN NOT BE PRORATED.

DEMOGRAPHIC INFORMATION: Please type or print

Corporate or Parent Company		FEIN No. AND Tax Dept. License No. (Located on business license)
Business Name		Business Type (Corporation, Sole Proprietorship, LLC, etc.)
Location Street Address		Local Mailing Address
City-State-Zip		City-State-Zip
County	Phone	Email
Licensee-In-Charge		Do you wish to receive the quarterly newsletter via email? <input type="checkbox"/> YES <input type="checkbox"/> NO
Officers of Company or Owner's Name		

EMPLOYED FUNERAL DIRECTORS AND OTHER EMPLOYEES: List each of these employees.

(1) Name	Title	(6) Name	Title
(2) Name	Title	(7) Name	Title
(3) Name	Title	(8) Name	Title
(4) Name	Title	(9) Name	Title
(5) Name	Title	(10) Name	Title

List Additional Employees on separate sheet of paper

OWNER(S) CERTIFICATION:

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

I do solemnly swear that the above-stated Mortuary Service 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, state public health laws and the Funeral Service Examiners Act of West Virginia.

Owner Signature:	Date:	Witness:	Date:
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LICENSEE-IN-CHARGE CERTIFICATION OF RESPONSIBILITY (must be a full-time employee and a licensed funeral director)

I understand that I shall be named on the above-stated Mortuary Service license as LICENSEE-IN-CHARGE, and therefore, shall be responsible for all transactions conducted by the Mortuary Service owners and staff as well as the entire scope of private and public services conducted by owners and staff.

I swear that should my authority as Licensee-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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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.

Type	Due Date	Amount Due
New Mortuary Service	30 days prior to opening	\$815.00 (includes \$500.00 application fee and \$315.00 inspection fee)

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

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

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