

Change of Licensee-in-Charge

LIC CHANGE FEE - \$ 25.00

West Virginia Board of Funeral Service Examiners

179 Summers Street, Suite 319

Charleston, WV 25301

Voice 304.558.0302 Fax 304.558.0660

Funeral Establishment Requesting Change:

Company: _____
DBA Name: _____
Mail Address: _____
Location Address: _____
City, State, Zip: _____
License #: _____

Owner Certification

This section must be completed by the majority owner or his/her official representative

I do herewith request a change of licensee-in-charge. I certify that I have the authority to speak for the above-named funeral establishment and publicly swear that the Licensee-In-Charge, who has signed the Certification of Responsibility below, is an employee of the funeral establishment and that the Licensee-In-Charge has been vested with such authority to manage, conduct, and have supervision of the work and business of the funeral establishment and is responsible therefore.

Signed _____

Title _____ Date _____

Printed Name: _____

Licensee-In Charge Certification of Responsibility

This section must be completed by the Licensee-In-Charge

I understand that I shall be named on the above-stated funeral establishment license as LICENSEE-IN-CHARGE, and therefore, shall be responsible for all transactions conducted by the funeral establishment 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 sponsored or made in connection with the funeral establishment, and that my name will appear on all advertisements, stationery, price lists, and other correspondence as such.

I do solemnly swear that the above-stated funeral establishment 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 Services Examiners Act of West Virginia. I further swear that should my authority as Licensee-In-Charge cease or become compromised, for any reason whatsoever, I will immediately notify this Board thereof.

Signed _____ Title _____ Date _____

Printed Name: _____

OFFICE USE ONLY

Request: _____ Approved
_____ Denied

Date Processed: _____
Processed by: _____

New license issued: _____