

**Individual CO License Reinstatement Application**

WEST VIRGINIA BOARD OF FUNERAL SERVICE EXAMINERS

FEE- \$ 500.00 TOTAL (\$ 150.00 RENEWAL FEE AND \$ 350.00 REINSTATEMENT FEE)

179 Summers Street, Suite 319

Charleston, WV 25301

Phone: 304-558-0302



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

**DEMOGRAPHIC INFORMATION:**

Applicant Name	Social Security No.	Birthdate
License Type (Crematory Operator)	Old License No	Day Phone
Mailing Address	County	Email
City, State, Zip	Employer	

**QUESTIONNAIRE:**

1. In what year were you originally licensed or certified to practice in West Virginia: 19\_\_ or 20\_\_

2. In what year(s) did you fail to renew your license or certificate: 19\_\_ or 20\_\_

3. Have you ever been convicted of any felony crime, federal crime or the equivalent of a felon crime (Including "no contest" pleas) YES\_\_ NO\_\_

4. If you answered YES to question # 3 above, give details:

5. Are you currently charged with a felony crime, federal crime or the equivalent of a felony crime: YES\_\_ NO\_\_

6. If you answered YES to question # 5 above, give details:

7. State briefly why you allowed your license to lapse:

8. State briefly what occupation you have been engaged in since the day your license/certificate became delinquent:

9. Are you presently employed in a funeral home or crematory? YES\_\_ NO\_\_

10. If you answered YES to question 9 above: Name of Employer \_\_\_\_\_ Date of hire: \_\_\_\_\_

11. State briefly why you are seeking reinstatement of your license or certificate:

Use reverse side if more room is needed to answer

**CHILD SUPPORT OBLIGATIONS:**

Pursuant to W. Va. Code § 48A-5A-5(c), each applicant for license must answer the following questions and certify, under penalty of false swearing, that these answers are true and correct. If you refuse to answer the questions, your license will not be issued, resulting in your inability to practice.

1. Do you have a child support obligation?	YES__	NO__
2. If the answer to question 1, above, is YES, are you in arrears (or behind in payment)?	YES__	NO__
3. If the answer to question 2, above, is YES, does your arrearage equal or exceed the amount of child support payable for 6 months?	YES__	NO__
4. Are you the subject of a child support related subpoena or warrant?	YES__	NO__

**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: