

# Change of Operator-in-Charge

West Virginia Board of Funeral Service Examiners

179 Summers Street, Suite 305

Charleston, WV 25301

Voice 304.558.0302 Fax 304.558.0660



\$ 25.00 FEE REQUIRED

## Crematory 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 crematory operator-in-charge. I certify that I have the authority to speak for the above-named crematory and publicly swear that the Crematory Operator-In-Charge, who has signed the Certification of Responsibility below, is an employee of the crematory and that the Crematory Operator-In-Charge has been vested with such authority to manage, conduct, and have supervision of the work and business of the crematory and is responsible therefore.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

## Crematory Operator-In Charge Certification of Responsibility

**This section must be completed by the Operator-In-Charge**

I understand that I shall be named on the above-stated crematory license as CREMATORY OPERATOR-IN-CHARGE, and therefore, shall be responsible for all transactions conducted by the crematory 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 should my authority as Crematory Operator-In-Charge cease or become compromised, for any reason whatsoever, I will immediately notify this Board thereof.

Signed \_\_\_\_\_ Certificate. No. \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Request: \_\_\_\_\_ Approved \_\_\_\_\_  
\_\_\_\_\_ Denied \_\_\_\_\_  
Date Processed: \_\_\_\_\_  
Processed by: \_\_\_\_\_  
New license issued: \_\_\_\_\_