



APPLICATION CHECKLIST AND INSTRUCTIONS FOR CREMATORY **REINSTATEMENT**

At least 30 days prior to opening a crematory, any person intending to own or operate a crematory shall apply for registration with the Board of Funeral Directors and Embalmers. A crematory providing cremation services directly to the public shall also be licensed as a funeral service establishment or as a branch of a Virginia licensed establishment.

SUBMIT THE FOLLOWING:

- APPLICATION** – This application will not be considered until all sections have been completed. You may need to submit supporting documentation regarding your responses to the licensure questions. Please refer to the application for more information.
- FEE** – All fees are non-refundable and must be paid by check or money order made payable to the “Treasurer of Virginia.”
 - The application fee for **Reinstatement** is \$275.00
 - The application fee for **Reinstatement after Suspension** is \$1,000.00
 - The application fee for **Reinstatement after Revocation** is \$2,000.00

VIRGINIA STATE CORPORATION COMMISSION (SCC) DOCUMENTATION –

*All Corporations, Limited Liability Companies, and Limited Partnerships must register with the [Virginia State Corporation Commission \(SCC\)](#), including any trade/fictitious names, prior to applying for licensure with the Virginia Board of Funeral Directors and Embalmers. For additional information, please [contact the SCC](#).

**General Partnerships must attach recording data or a certificate of partnership issued by the [Virginia State Corporation Commission \(SCC\)](#). Business entities that are trading under a fictitious name(s), which are not corporations, must attach a copy of the certificate filed with the clerk of the court in the locality where the business will be conducted.

Documentation required may vary depending on the type of business listed on the application.

- CERTIFICATION FOR RETORT OPERATORS** – All persons who operate the retort in a crematory shall have certification by the [Cremation Association of North America \(CANA\)](#); the [International Cemetery, Cremation and Funeral Association \(ICCF\)](#); or other certification recognized by the Board. You must submit a copy of the documentation of certifications as listed above for all persons listed on the application to operate the retort in the crematory.

Persons receiving training toward certification to operate a retort shall be allowed to work under the supervision of an operator who holds certification for a period *not to exceed six months*.

Please submit a copy of the documentation of certifications as listed above for all people listed on the application to operate the retort in the crematory.

- MANAGER OF RECORD’S OSHA-COMPLIANT TRAINING** – A copy of your crematory certification training certificate for [Occupational Safety and Health Administration \(OSHA\)](#) compliant training on universal precautions and bloodborne pathogens is required for the Manager of Record listed on the application.

- CERTIFICATE OF FICTITIOUS NAME – If applicable, you must submit a certificate of fictitious name authorized by the State Corporation Commission (SCC). A copy of the certificate is accepted.
- ARTICLES OF INCORPORATIONS – If applicable, you must submit a copy of the articles of incorporation from the State Corporation Commission (SCC). It must indicate if the corporation is for-profit (stock) or non-profit (nonstock).
- CREMATORY PERMIT – A permit to operate the crematory issued by the [Virginia Department of Environmental Quality \(DEQ\)](#) will be required at the time of inspection

GENERAL INFORMATION ABOUT THE APPLICATION PROCESS

1. Applications received without the required processing fee will be returned to the sender.
2. Documentation may be submitted electronically to fanbd@dhp.virginia.gov. Documentation related to affirmative answers to the licensure questions must be submitted to the Board in their original format by mail if requested by the Board.
3. Once all documentation has been received, the reinstatement process can take up to 30 days, except in cases involving reinstatement after suspension or revocation, which take longer to process. Board staff will contact you at the email address provided on your application with status update.
4. Applications will remain on file with the board for one year from the date of receipt. If, at the end of one (1) year, licensure/certification/registration is not issued, the applicant shall reapply in accordance with the requirements of the Regulations.
5. An inspection of the crematory facility is required as part of the reinstatement application process and must be successfully completed before registration can be granted.



Virginia Department of
Health Professions
Board of Funeral Directors and Embalmers

9960 Mayland Drive, Suite 300
Henrico, Virginia 23233
www.dhp.virginia.gov/funeral

(804) 367-4479 (Tel)
(804) 527-4413 (Fax)
Email:
fanbd@dhp.virginia.gov

APPLICATION FOR CREMATORY **REINSTATEMENT**

ESTABLISHMENT INFORMATION

ESTABLISHMENT NUMBER 0 5 _____ - _____ - _____			
OWNER'S FULL NAME			
ESTABLISHMENT NAME AND TRADE NAME			
ESTABLISHMENT PHYSICAL ADDRESS: STREET	CITY	STATE	ZIP CODE
ESTABLISHMENT ADDRESS OF RECORD: STREET	CITY	STATE	ZIP CODE
ESTABLISHMENT TELEPHONE NUMBER	ESTABLISHMENT EMAIL ADDRESS		

CHECK ONE BOX

<input type="checkbox"/> The crematory is owned by a Virginia licensed funeral establishment and is located on the same site/at the same address. Establishment License Number # 0 5 _____ - _____ - _____
<input type="checkbox"/> The crematory is not owned by a Virginia licensed funeral establishment and offers cremation to funeral establishments only.
<input type="checkbox"/> The Crematory is owned by a Virginia licensed funeral establishment and is not located on the same site/at the same address and is offering funeral services to the public. Note: The crematory must also be licensed as a funeral service establishment or as a branch of a Virginia licensed establishment. In addition to the crematory registration application, a funeral service establishment application must also be submitted. Establishment License Number # 0 5 _____ - _____ - _____

TYPE OF BUSINESS (SELECT ONLY ONE)

<input type="checkbox"/> SOLE PROPRIETORSHIP	<input type="checkbox"/> LIMITED PARTNERSHIP*	<input type="checkbox"/> GENERAL PARTNERSHIP**
<input type="checkbox"/> CORPORATION*	<input type="checkbox"/> LIMITED LIABILITY COMPANY*	<input type="checkbox"/> OTHER _____
Federal Employee Identification Number (FEIN) _____ - _____		

IF ALSO LICENSED AS A FUNERAL ESTABLISHMENT, COMPLETE THE BELOW SECTION

ESTABLISHMENT OR BRANCH NAME		ESTABLISHMENT OR BRANCH LICENSE NUMBER	
ESTABLISHMENT OR BRANCH STREET ADDRESS		CITY	STATE ZIP CODE
FACILITY EMAIL ADDRESS		ESTABLISHMENT OR BRANCH PHONE NUMBER	
ESTABLISHMENT MANAGER'S NAME		MANAGER'S LICENSE NUMBER	
MANAGER'S EMAIL ADDRESS		MANAGER'S PHONE NUMBER	
MANAGER'S SIGNATURE			

CREMATORY MANAGER'S INFORMATION

MANAGER'S LAST NAME		MANAGER'S FIRST NAME		MANAGER'S MIDDLE NAME	
MANAGER'S LICENSE NUMBER (IF APPLICABLE)			MANAGER PHONE NUMBER		
HAS MANAGER HAD CREMATORY CERTIFICATION TRAINING? <input type="checkbox"/> YES <input type="checkbox"/> NO			HAS MANAGER HAD OSHA BLOODBORNE PATHOGEN CERTIFICATION TRAINING? <input type="checkbox"/> YES <input type="checkbox"/> NO		
STREET ADDRESS			CITY		STATE ZIP CODE
MANAGER'S EMAIL ADDRESS					

RETORT OPERATION – List all persons who operate the retort in the crematory

FIRST NAME	MIDDLE NAME	LAST NAME
FIRST NAME	MIDDLE NAME	LAST NAME
FIRST NAME	MIDDLE NAME	LAST NAME

LICENSURE QUESTIONS

Please refer to the Board’s [Policy document](#) on Guidelines for processing applications
Any supporting documentation related to the questions below should be submitted to:
Virginia Board of Funeral Directors and Embalmers
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233

	YES	NO
1. Will this business offer or provide the care or preparation (including embalming) of dead human bodies?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will this business sell or provide funeral related goods and services, arrange and/or conduct funerals?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will this business offer services to the public?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has a facility that you owned ever been denied a funeral service related license? If yes, submit notices, orders, etc. from the regulatory authority authorized to take such actions.	<input type="checkbox"/>	<input type="checkbox"/>
5. Has a facility that you owned ever had any of the following disciplinary actions taken against its license to practice funeral services or any such actions pending, including but not limited to: suspension/revocation; probation; reprimand/cease and desist; monitored; monetary penalty? If yes, submit notices, orders, etc., from the regulatory authority authorized to take such actions.	<input type="checkbox"/>	<input type="checkbox"/>

AGREEMENT OF MANAGER OF RECORD

I agree to serve as the Manager of Record at the crematory named herein and assume the duties and responsibilities incumbent to the role as specified in the Regulations of the Virginia Board of Funeral Directors and Embalmers. By signing my name below, I acknowledge that I have read and understand the responsibilities of the Manger of Record and agree to perform those duties.

SIGNATURE OF MANAGER OF RECORD

DATE

AFFIDAVIT OF OWNER

I certify that I have carefully read the laws and regulations related to the Virginia Board of Funeral Directors and Embalmers, which are available at <http://www.dhp.virginia.gov/funeral> and I fully understand that funds submitted as part of the application process shall not be refunded.

I certify by my signature below: I am the person applying for licensure/certification/registration and meet the qualifications required by Virginia law and regulations. Further, I certify the information provided on this application has been personally provided and reviewed by me, and that statements made on the application are true and complete. I understand that providing false or misleading information, as well as omitting information, in response to information required in this application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing license/certificate/registration.

I agree to the above certification.

SIGNATURE OF OWNER

DATE