



APPLICATION CHECKLIST AND INSTRUCTIONS FOR **NONROUTINE REINSPECTION**

This application should be used for non-routine reinspection (i.e., structural change to preparation room, change of location or ownership, addition of crematory retort).

SUBMIT THE FOLLOWING:

- APPLICATION – This application will not be considered until all sections have been completed.
- 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 **Nonroutine Reinspection** is \$400.00.

GENERAL INFORMATION ABOUT THE APPLICATION PROCESS

1. Application received without the required processing fee will be returned to the sender.
2. Once all documentation has been received, the review process can take up to 7-10 business days following a completed inspection without deficiencies. Board staff will contact you at the email address provided on your application with a status update.
3. Application 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.



Virginia Department of
Health Professions
 Board of Funeral Directors and Embalmers

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 Email: fanbd@dhp.virginia.gov

APPLICATION FOR NONROUTINE REINSPECTION

INFORMATION (PLEASE PRINT OR TYPE)

ESTABLISHMENT/BRACH/CREMATORY LICENSE NO.:			
05 - - - - -			
ESTABLISHMENT/BRANCH NAME			
ANTICIPATED DATE OF COMPLETION:			
MAILING ADDRESS: STREET	CITY	STATE	ZIP CODE
LOCATION ADDRESS: STREET	CITY	STATE	ZIP CODE
MANAGER OF RECORD	MANAGER OF RECORD LICENSE NUMBER		
MANAGER OF RECORD EMAIL ADDRESS	MANAGER OF RECORD PHONE NUMBER		

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