

APPLICATION CHECKLIST AND INSTRUCTIONS FOR SURFACE TRANSPORTATION & REMOVAL SERVICES REGISTRATION

MISREPRESENTATION: A person employed or operating a surface transportation and removal service shall not in any manner misrepresent himself to the public as being a licensed funeral director/funeral establishment, an official of any local jurisdiction, the Commonwealth, Federal, or any other governmental body. This shall include the name and title of the company or service, uniforms, equipment, vehicles, and any other instruments used or proffered by the services or its agents.

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. Make check or money order payable to the “Treasurer of Virginia”.
 - The application fee for an **Initial Registration** application is \$325.00
 - The application fee for a **Change of Manager** application is \$100.00
 - The application fee for a **Change of Ownership** application is \$100.00
 - The application fee for a **Change of Name** is \$100.00
 - The application fee for a **Change of Address** is \$0.00 - No Fee Required
- OSHA-COMPLIANT TRAINING – Please submit a copy of all certification training certificates for Occupational Safety and Health Administration (OSHA) compliant training on universal precautions and bloodborne pathogens of the service manager and staff.
- PROOF OF BONDING OR LIABILITY INSURANCE COVERAGE – Please submit proof of the bonding or liability insurance (not automobile insurance) coverage related to the business operations.
- VIRGINIA STATE CORPORATION COMMISSION (SCC) - 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 SCC directly. General Partnerships must attach recording data or a certificate of partnership issued by the Virginia State Corporation Commission. 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 business will be conducted.

GENERAL INFORMATION ABOUT THE APPLICATION PROCESS

1. Applications received without the required processing fee will be returned to the sender.
2. Once all documentation has been received, the review process can take 7-10 business days. Board staff will contact you at the email address provided on your application with a status update.
3. Applications will remain on file with the Board for one year from the date of receipt. If, at the end of one (1) year, approval 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

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

(804) 367-4479 (Tel)
 (804) 939-5973 (Fax)
 Email:
fanbd@dhp.virginia.gov

SURFACE TRANSPORTATION & REMOVAL SERVICES REGISTRATION APPLICATION

MARK ONLY ONE BOX:	
<input type="checkbox"/> Initial Registration	<input type="checkbox"/> Change of Manager
<input type="checkbox"/> Change of Ownership	<input type="checkbox"/> Change of Name
<input type="checkbox"/> Change of Address	

ESTABLISHMENT INFORMATION

ESTABLISHMENT LICENSE NUMBER (Not Applicable to Initial Registration Applications) 05 _ _ - _ _ - _ _ _ _ _
OWNER'S FULL NAME/ BUSINESS NAME
BUSINESS NAME OF SURFACE TRANSPORTATION & REMOVAL SERVICE

ADDRESS OF RECORD INFORMATION
 The address information you provide is your address of record with the Board. Please be advised that all notices from the Board, to include renewal notices, licenses, and other legal documents, will be sent to the address of record provided. If you provided a different public address, this information is not subject to public disclosure under the Freedom of Information Act and will not be sold or distributed for any other purpose.

ADDRESS STREET	CITY	STATE	ZIP CODE
PHONE NUMBER	OTHER PHONE NUMBER		
EMAIL ADDRESS			

PUBLISHED INFORMATION
 This address is subject to public disclosure under the Freedom of Information Act. You may provide an address other than a residence, such as a Post Office Box or a practice location if you wish.

ADDRESS STREET	CITY	STATE	ZIP CODE
PHONE NUMBER	EMAIL ADDRESS		

MANAGER OF RECORD INFORMATION

MANAGER'S FIRST NAME	MANAGER'S MIDDLE NAME	MANAGER'S LAST NAME
MANAGER'S DRIVERS LICENSE NUMBER		MANAGER'S PHONE NUMBER
MANAGER'S EMAIL ADDRESS		

OSHA TRAINING (To be answered by the **Owner** – new applications and changes of ownership only) **YES NO**

1. Have you and all individuals employed by you completed the training in universal precautions and bloodborne pathogens that comply with Occupational Safety and Health Administration (OSHA) standards?

If yes, please indicate the name of the individual(s): (use additional paper, if needed)

YES **NO**

Name _____

Name _____

Name _____

LICENSURE QUESTIONS (To be answered by the **Manager of Record**)

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. Have you ever been denied a registration, permit, or license issued by the Board of Funeral Directors and Embalmers?

YES **NO**

If yes, submit notices, orders, etc. from the regulatory authority authorized to take such actions.

2. Have you ever been convicted of a violation of /or pled Nolo Contendere to any federal, state or local statute, regulation, or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor? Including convictions for driving under the influence; excluding traffic violations. Additionally, any information concerning an arrest, charge, or conviction that has been sealed, including arrests, charges, or convictions for possession of marijuana, does not have to be disclosed.

YES **NO**

Attach your original criminal history record, a certified copy of any final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree, or case decision, and any other information you wish to be considered with your application (i.e. information on the status of incarceration, parole, or probation, reference letters documentation of rehabilitation, etc.).

3. Are you the manager of another Surface Transportation and Removal Service?

If yes, please list the name and registration number:

Name: _____

Registration Number: _____

ADDITIONAL LICENSURE QUESTIONS (To be answered by the **Manager of Record)**

A. Do you have any reason to believe that you would pose a risk to the safety or well-being of your patients or clients? If yes, please provide a full explanation. Note: The Board may ask for additional documentation.

B. Are you able to perform the essential functions of a practitioner in your area of practice with or without reasonable accommodation? If no, please provide a full explanation. Note: The Board may ask for additional documentation.

C. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner?

Please provide a full explanation on a separate page.

D. Within the past five years, have you been disciplined by any entity?

Please provide a full explanation and any associated orders or letters from the entity.

E. Within the past 5 years, have any conditions or restrictions been imposed upon you or your practice to avoid disciplinary action by any entity?

If yes, please provide a full explanation and any associated orders or letters from the entity. (NOTE: The Board may request a copy of a current participation contract and summary of compliance and/or documentation of successful completion. You may consider providing this documentation with your application, or have the program send this documentation directly to the Board.)

LICENSURE QUESTIONS (To be answered by the **Owner(s))**

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

1. Have you ever been denied a registration, permit, or license issued by the Board of Funeral Directors and Embalmers?

If yes, submit notices, orders, etc. from the regulatory authority authorized to take such actions.

2. Have you ever been convicted of a violation of /or pled Nolo Contendere to any federal, state or local statute, regulation, or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor? Including convictions for driving under the influence; excluding traffic violations. Additionally, any information concerning an arrest, charge, or conviction that has been sealed, including arrests, charges, or convictions for possession of marijuana, does not have to be disclosed.

Attach your original criminal history record, a certified copy of any final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree, or case decision, and any other information you wish to be considered with your application (i.e. information on the status of incarceration, parole, or probation, reference letters documentation of rehabilitation, etc.).

3. Are you the owner of another Surface Transportation and Removal Service?

If yes, please list the name and the registration number:

Name: _____

Registration Number: _____

AGREEMENT OF MANAGER OF RECORD

I agree to serve as the Manager of Record at the establishment 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 Manager 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 understand that a registered surface transportation and removal service can only transport dead human bodies at the direction of a funeral service licensee employed by a licensed funeral establishment.

I understand that a registered surface transportation and removal service cannot make any funeral service arrangements, to include arrangements for storage, refrigeration, and/or cremation of dead human bodies.

I understand that a registered surface transportation and removal service cannot store or refrigerate any dead human bodies.

I understand that a registered surface transportation and removal service cannot provide or sell any funeral related goods and services.

I agree to the above certification.

SIGNATURE OF OWNER

DATE