NORTH CAROLINA BOARD OF FUNERAL SERVICE

1033 Wade Ave. Suite 108 Phone (919)733-9380
Raleigh, NC 27605 Fax (919)733-8271

2017 CREMATORY MANAGER PERMIT

COMPLETE ALL INFORMATION ON THIS FORM

Crematory manager permits expire December 31, 2016.
This application for renewal and fee of $40.00 for the 2016 permit is due by **December 31, 2016**.
Renewal applications and fees received after 2-1-2017 must Include a $75.00 fee.

Name in full_____
(Mr., Mrs., or Ms.) First Middle Last

Address_____
Number and Street County

_____
City State Zip

Telephone Number_____ Fax Number _____

E-Mail _____

Name of Crematory_____

Address of Crematory _____
Number and Street County

_____
City State Zip

Telephone Number _____ Fax Number _____

Since your last renewal, have you been convicted of any crime, either felony or misdemeanor (other than traffic convictions), while you were crematory manager?
No_____ Yes_____ If yes, explain on separate sheet.

Have you ever been denied a license to engage in any occupation or profession in any state, the District of Columbia or any foreign country or had such license suspended, revoked or placed on probation?
No_____ Yes_____

If yes, attach a statement giving complete details as to reason for denial or the date, details and location of the violation that led to action against your license, the terms of any action by the licensing authority and if the terms have been satisfactorily met.

Signature _____

VERIFICATION BY APPLICANT State of North Carolina, County of _____

_____, being first duly sworn, deposes and says that he (she) is the person who prepared the foregoing application; that he (she) has read the foregoing application and that the same is true of his (her) own knowledge except as to matters and things therein stated on information and belief and that as to such matters and things he (she) believes it to be true. The applicant understands that, should a license be granted, it may be revoked or suspended under the provisions of Article 13C, Chapter 90, General Statues of North Carolina and the Rules and Regulations of the Board of Funeral Service adopted pursuant to said Article.

_____
Signature

STATE OF NORTH CAROLINA COUNTY OF _____

Sworn to and subscribed before me by _____ this the _____ day of

Name of Applicant

_____, 20_____.

SEAL _____
Notary Public – Official Signature

My commission expires: _____ _____
Notary Public – Printed Name

Pursuant to 21 NCAC 34A.0202 and GS 25-3-506, a fee of $25.00 will be charged for returned checks.