



NORTH CAROLINA BOARD OF FUNERAL SERVICE

1033 WADE AVE., SUITE 108
RALEIGH, NC 27605

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REQUEST FOR DECLARATORY RULING
PURSUANT TO N.C.G.S. § 150B-4 and 21 NCAC 34A .0108

NOTE: You must complete all sections of this form. Incomplete forms will be returned to sender. If a response to any of the questions below exceeds the amount of space allotted, you may attach as many additional pages as necessary.

1. Name: _____
2. Address: _____
3. License number(s) (if not licensed by this Board, write "N/A"): _____
4. Name and Address of Current Employer: _____

5. Identify and Describe the Rule or Statute at Issue: _____
6. State all Applicable Facts: _____
7. Do you contend you are: _____ aggrieved by the rule/statute at issue; and/or _____ aggrieved by its applicability?
8. Provide a statement indicating how and why you contend you are aggrieved: _____

VERIFICATION

STATE OF NORTH CAROLINA

COUNTY OF _____

I, _____ (Name of Notary Public), do hereby certify that
_____ (Applicant) personally appeared before me this day and acknowledged the
due execution of the foregoing instrument. Witness my hand and official seal this the _____ day of _____,
20____.

Notary Public- Official Signature

SEAL

Notary Public- Printed Name

My Commission expires _____