

MONTANA BOARD OF FUNERAL SERVICE
PO BOX 200513
301 S PARK, 4TH FLOOR
Helena, MT 59620-0512
Licensing Phone: 406-444-6880
Email: dlibsdhhelp@mt.gov Website: www.funeral.mt.gov

CREMATORY APPLICATION

I am applying for licensure

as: new crematory – \$834

*\$834 includes \$544 application fee and \$290 inspection fee

existing crematory with change in ownership greater than 50% – \$575

*\$834 includes \$544 application fee and \$290 inspection fee

transfer of existing crematory license to a different location (i.e. close original location/relocate)

*\$834 includes \$544 application fee and \$290 inspection fee

1. TYPE OF BUSINESS ENTITY:

Sole Proprietorship

Professional Corporation

Partnership

Non-Professional Corporation

Limited Liability

Other: _____

2. DATE OF INCORPORATION: _____ DATE ESTABLISHED: _____

3. BUSINESS NAME: _____

4. LIST ANY DBA: _____

5. DBA REGISTERED

Yes

Active

No

Inactive

6. SPECIFIC DBA OF THIS FACILITY: _____

If different than business name

7. BUSINESS PHYSICAL ADDRESS: _____

Physical address of this particular facility—needed for inspections

8. BUSINESS ADDRESS (if different than physical address): _____

Mailing address, if different than physical address

9. BUSINESS EMAIL ADDRESS: _____

10. TELEPHONE: _____

Business

Home

Cell

11. TAX ID NUMBER: _____

PERSONAL HISTORY QUESTIONS IMPORTANT INSTRUCTIONS AND NOTICE

1. Please read the following questions carefully. Giving an incomplete or false answer is unprofessional conduct and may result in denial of your application or revocation of your license. See, 37-1-105, MCA.
2. You have a continuing duty to update the information you provide in your application and supplemental responses, including while your application is pending and after you are granted a license.
3. Upon submittal of your application form, for every “yes” answer provided, you will receive a request for specific information or documents associated with the question. Your application is not complete until staff receive all information requested.
4. “You” in these instructions and questions refers to individuals authorized to answer questions on behalf of the facility, organization, or entity applying for licensure and not personally to the individuals.

PERSONAL HISTORY QUESTIONS

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|---|-----|----|
| 1. Have you ever had any license, certificate, registration, or other privilege to serve as a volunteer or practice a profession denied, revoked, suspended, or restricted by a public or private local, state, federal, tribal, religious, or foreign authority? | Yes | No |
| 2. Have you ever surrendered a credential like those listed in number 1, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority? | Yes | No |
| 3. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position? | Yes | No |
| 4. Have you ever been required to participate in a behavioral modification or assistance program in lieu of suspension or termination from a volunteer or employment position? | Yes | No |
| 5. Have you ever withdrawn an application for any professional license? | Yes | No |
| 6. As of the date of this application, are you aware of any pending complaint, investigation, or disciplinary action related to any professional license you hold? | Yes | No |
| 7. Are you under a current order that remains unsatisfied (e.g., fines unpaid, probation not concluded, conditions unmet?) | Yes | No |

Note on Questions 8 and 9: Applicants who disclose medical, physiological, mental, or psychological conditions or chemical substance use in Question 8 or 9 may qualify for participation in the Montana Professional Assistance Program. Please visit the board website for more information about this program. "Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.

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| 8. Do you have any medical, physiological, mental, or psychological condition which in any way currently (within the last 6 months) impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? | Yes | No |
| 9. Do you currently (within the last 6 months) use one or more chemical substances in any way which impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? | Yes | No |

The following information is provided for Question 10 below:

A criminal conviction may not automatically bar you from receiving a license. For more information about how a criminal conviction may impact your application, consult the board or program website.

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|---|-----|----|
| 10. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or sentence deferred or suspended as an adult or "juvenile convicted as an adult" in any state, federal, tribal, or foreign jurisdiction? | Yes | No |
| 11. Are you now subject to criminal prosecution or pending criminal charges? | Yes | No |
| 12. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization? | Yes | No |
| 13. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession? | Yes | No |

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|--|-----|----|
| 14. Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons? | Yes | No |
| 15. Have you ever been placed on probation, restricted, reprimanded, suspended, revoked, resigned in lieu of action against you, or had other action taken against you by any hospital, clinic, health care facility, group medical practice, health maintenance organization, or third-party insurance provider, including Medicare and Medicaid? | Yes | No |
| 16. Are you currently on an exclusion list by the Office of Inspector General (OIG) for the U.S. Department of Health and Human Services prohibiting you from working in a facility receiving federal funding? | Yes | No |
| 17. Has your authority to prescribe, dispense, or administer drugs, including controlled substances, ever been denied, restricted, suspended, or revoked? | Yes | No |
| 18. Have you ever voluntarily surrendered or had your U.S. Drug Enforcement Administration registration placed on probation, restricted, suspended, or revoked? | Yes | No |

I authorize the release of information concerning education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Funeral Service. I hereby declare that the information included in this application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds.

I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Signature of Applicant

Date

PLEASE REVIEW THE MONTANA LAWS AND RULES AT www.funeral.mt.gov

TEMPORARY PERMIT APPLICATION – CREMATORY

Instructions

This section is to be completed and signed by the applicant. A temporary permit for purposes of an initial inspection per [ARM 24.147.1102\(2\)](#) will not be issued until this form has been signed and submitted along with the rest of the application documents and forms. Once a temporary permit has been issued the crematory may operate prior to the initial inspection.

I am applying for a temporary permit.

***Note: A crematory cannot operate until a temporary permit has been issued.**

Legal Signature of Applicant/Owner

Date

OWNER INFORMATION AND DESIGNATION OF CREMATORY OPERATOR-IN-CHARGE – CREMATORY

Instructions

This section is to be completed and signed by both the owner of the crematory and the person designated as the crematory operator-in-charge.

Section 1 – Owner Information

1. List all owners of the crematory. If the business is owned by a corporation, list all the officers.

Legal Name	Primary Phone Number	Social Security Number	MT License Number(s) *if applicable

Section 2 – Designate Crematory Operator-in-Charge

In order to operate, a crematory must have a designated crematory operator-in-charge who is licensed in Montana.

7. Crematory Operator-in-Charge Full Name: _____
First
Middle
Last

8. Montana Crematory Operator License Number: _____

Section 3 – Declaration

I, the owner of this crematory designate the licensee in Section 2 as the crematory operator-in-charge of this crematory.

 Legal Signature of Applicant/Owner Date

I, an actively licensed crematory operator in the State of Montana accept the designation as crematory operator-in-charge of this crematory.

 Legal Signature of Crematory Operator-in-Charge Date

STRUCTURE AND EQUIPMENT – CREMATORY

Instructions

This section is to be completed and signed by the applicant. Per [37-19-703, MCA](#), applicants must include a description of the type of structure and equipment to be used in the operation of the crematory.

Section 1 – Structure and Equipment Information

1. Cremation System Manufacturer: _____
2. Cremation System Name and Model: _____
3. Number of Retorts: _____
4. Number of Cremation Vaults: _____
5. Generally list and describe all other crematory equipment that will be used at your facility for the purposes of cremation:

Legal Signature of Applicant/Owner

Date

NOTICE OF CHANGE OF OWNERSHIP – CREMATORY**Instructions**

This section is to be completed and signed by both the applicant and previous owner per the requirements in [ARM 24.147.1101\(2\)](#). This section is only for existing crematories with a change in ownership. Applicants for new crematories or transfers of existing crematories do not need complete this section.

Section 1 – Previous Owner Information

1. Full Name(s) of Previous Owner: _____
2. Name of Crematory under Previous Owner: _____
3. Previous Crematory License Number: _____
4. Date Previous Owner Relinquishes Ownership of Crematory: _____
 *Note: When there is a change in ownership the existing license is void.

Section 2 – Applicant Information

5. Date Applicant Acquires Ownership of Crematory: _____
 *Note: When there is a change in ownership the existing license is void and a new license must be obtained

6. Notice of Change in Ownership in Newspaper

Name of Newspaper: _____

Dates of Publication: _____
 (e.g. 8/1/17 through 8/7/17)

Notice of the change in ownership been published for a one-week period in newspaper of general circulation in the county in which the crematory is located per the requirements in [ARM 24.147.903\(2\)](#). Included is proof of publication.

Section 3 – Declaration

I, the previous owner of this crematory relinquish the license per [ARM 24.147.1102\(2\)](#) and as described in Section 1 of this form.

 Legal Signature of Previous Owner

 Date

I, the applicant and owner of this crematory have fulfilled the requirements as described in [ARM 24.147.1102\(2\)](#) and Section 2 of this form.

 Legal Signature of Applicant/Owner

 Date

NOTICE OF CHANGE OF ADDRESS/RELOCATION – CREMATORY**Instructions**

This section must be completed and signed by the applicant. This section is only for an existing crematory that is closing a physical location and transferring that license to a different location per [ARM 24.147.1102\(2\)](#). Applicants for new crematories or crematories with a change in ownership do not need complete this section. Note: The new location will not be licensed to operate until a temporary license is issued so an initial inspection of the new location can be conducted.

Section 1 – Applicant Information

1. Name(s) of Applicant: _____
2. Name of Crematory: _____
3. Crematory License Number to be Transferred: _____

Section 2 – Information for Location that is being Closed

7. Physical Address of Closing Location: _____
8. Date of Termination of Services at Closing Location: _____

Section 3 – Information for New Location

7. Physical Address of New Location: _____

Legal Signature of Applicant/Owner

Date