

**STATE OF IDAHO**  
**BUREAU OF OCCUPATIONAL LICENSES**  
700 West State Street  
P.O. Box 83720  
Boise, Idaho 83720-0063  
(208) 334-3233  
FAX (208)-334-3945

**APPLICATION FOR CERTIFICATE OF AUTHORITY**

**An application fee of \$100.00 and a license fee of \$50.00 must be submitted with this application. There is a \$20 fee for returned checks.**

I hereby make application for a Certificate of Authority in the State of Idaho under the provisions of § 54-1129 & § 54-1132, Idaho Code, and provide the following:

1. **Name of Agent/Licensee** \_\_\_\_\_ **License #** \_\_\_\_\_  
(The individual agent's name must be provided. The individual agent must respond to the items below & sign the application.)
2. **Agent/Licensee address** \_\_\_\_\_  
Street/PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3. **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Place of Birth** \_\_\_\_\_ **Social Security No.** \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year
4. **Business Name:** \_\_\_\_\_ **License #** \_\_\_\_\_
5. **Business address** \_\_\_\_\_  
Street/PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
6. **Business phone** (\_\_\_\_) \_\_\_\_\_ **Fax** (\_\_\_\_) \_\_\_\_\_ **E-mail** \_\_\_\_\_  
(The above phone number is public record)
7. **Are you currently or have you ever been licensed as a mortician or funeral director in any state?** [ ] Yes [ ] No  
(If yes, please attach a photocopy of your current license.)
8. **Have you ever had any license, certification, or registration denied, revoked or suspended?** [ ] Yes [ ] No  
(If yes, please attach a detailed statement, including a copy of the charges and the final order.)
9. **Have you ever been convicted of any State or Federal felony or crime or moral turpitude?** [ ] Yes [ ] No  
(If yes, please attach a detailed statement, including a summary of the charges, the final order, any probation or parole documentation, and any other relevant information.)
10. **Please attach a copy of each form of contract you will use.** (Each contract form must comply with the form and content and priced disclosure requirements of § 54-1133 Idaho Code.)

**AFFIDAVIT**

I hereby certify under penalty of perjury that the responses provided above and that all attached documentations are true and accurate to the best of my knowledge and belief and that I am of good moral character and temperate habits. I further certify that I have reviewed and will comply with the Idaho Laws and Rules governing the sale of prearrangement sales contracts. I hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or it's authorized representative, any information, communication, report, record, statement, recommendation, or disclosure that may have bearing on my eligibility for or maintenance of the license for which I am applying. I understand that by signing this form I am authorizing the release of information about me that may otherwise be protected or confidential. If signing as an authorized agent, I certify that I am authorized to sign this application on behalf of the licensee.

\_\_\_\_\_  
Signature of Agent/Licensee

State of \_\_\_\_\_, County of \_\_\_\_\_, ss  
Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

(seal)

\_\_\_\_\_  
Notary Public official signature  
my commission expires \_\_\_\_\_