

IDAHO BOARD OF MORTICIANS
BUREAU OF OCCUPATIONAL LICENSES
700 West State Street, PO Box 83720
Boise, Idaho 83720-0063
Phone: (208) 334-3233 Fax: (208) 334-3945
Website: www.ibol.idaho.gov E-mail: mor@ibol.idaho.gov

APPLICATION CHECKLIST FOR CREMATORY ESTABLISHMENT LICENSE

Please complete this form by printing or typing the requested information and attaching any requested documentation. Your signature must be notarized and the appropriate fee must be attached. Submit the completed form to the address noted above. In order to avoid delay in processing, please ensure applications are complete and provide the requested information. Questions regarding this application or the requirements for licensure may be addressed to the address or number above.

A crematory establishment license application checklist:

- Completed application.
- Fees: \$300.00 (Application fee of \$100.00 and Original license fee of \$200.00.) All returned checks are subject to a \$20 fee.
- A licensed funeral establishment with a full time resident mortician per Idaho Code 54-1111(1)(f).
- Description of the structure in which the crematory is located, number of retorts, & equipment listing which includes: Detailed information regarding the retort(s) specifically documenting that the retort(s) and accompanying equipment is listed by an approved testing agency as listed in the Uniform Fire Code per Rule 450.5.a.
- One (1) electronic set of blueprints for the proposed new construction or remodeling where the retort is to be located. (This may be provided on a readable flashdrive, USB drive or CD and will remain part of the application and will not be returned). The blueprints must be approved by the local building department as being in compliance with applicable building codes and ordinances per Rule 450.5.b.
- Copy of DEQ permit showing compliance with air quality standards per Rule 450.
- A date after which the Board can arrange for an inspection.

After Board Review:

_____ A walk-through inspection of the establishment is arranged and upon passing the inspection the license is issued. A walk-through inspection of the establishment must be arranged and completed within six (6) months of the Board's review of the application or the application will be deemed denied and will be terminated upon a thirty (30) day written notice, unless good cause is demonstrated to the Board.

Laws and Rules governing this occupation can be viewed at www.ibol.idaho.gov under the Morticians link. Please be sure to keep a copy of this application for your records.

Upon passing the inspection, a license is issued. Crematory regulations require that a log of all cremations be maintained and available for inspection at each crematory. Specifications for the cremation log are outlined in Board Rule 454.

NOTE: Operation prior to obtaining a valid license is unlawful and may result in criminal prosecution and denial of licensure. Additionally, crematories should not advertise services prior to inspection and licensure. Applicants must be familiar with all city, county, and state planning and zoning regulations affecting the facility and location being applied for and assume all responsibility for compliance. Upon receipt of all documents and Board review, a walk-through inspection of the establishment is arranged and upon passing the inspection the license is issued.

IDAHO BOARD OF MORTICIANS
BUREAU OF OCCUPATIONAL LICENSES

700 West State Street, PO Box 83720

Boise, Idaho 83720-0063

Phone: (208) 334-3233 Fax: (208) 334-3945

Website: www.ibol.idaho.gov E-mail: mor@ibol.idaho.gov

I hereby make application for a crematory establishment license in the State of Idaho under the provisions of Title 54, Chapter 11, Idaho Code:

1. Name of Crematory _____

2. Crematory Address _____

street city zip

3. Crematory Mailing Address _____

street/route/box city zip

4. Business phone (____) _____ Fax (____) _____ E-mail _____

(The above phone number is a public record) (The above fax number and e-mail are not a public record)

5. Please check the appropriate ownership designation: Individual Corporation Partnership Other

If Other, please describe: _____

Owner(s) Name _____ License # _____

(Please attach a list of all principle persons if ownership is other than "Individual")

6. Employer Identification Number _____ or Social Security Number _____ / _____ / _____

7. Funeral Establishment Name _____ License # _____

(Please attach a photocopy of your current license. A crematory license cannot be issued without a current licensed funeral establishment.)

8. Has a crematory establishment previously existed at this location? YES NO

(If YES- If license is a current license it must be attached to this application with written instructions from current owner to close license.)

9. After what date will the facility be ready to be inspected? _____ This date must be within the next 6 months or you may be required to file a new application.

(Please note that you will be contacted by a Board member to schedule the inspection for a time after this date. If this date changes, please notify the Board.)

10. Does this application represent a change in location of your present crematory establishment? YES NO

If YES, give name _____ License # _____

Would you like this license location closed? YES NO

11. Have you ever had a 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.)

12. Have you ever been convicted of any State or Federal felony or crime of moral turpitude? YES NO

(If Yes, you must attach: (a) your detailed statement of explanation, (b) the official court documents including a summary of the charges, the final order, and a detailed case summary sheet, (c) a status letter from your probation/parole officer, and (d) any other relevant information.)

AFFIDAVIT

Upon oath I certify that: (1) I am the applicant named in and who has signed this application; (2) I am a United States citizen or a legal permanent resident or I am otherwise lawfully present in the United States; (3) I have read and will conform to the Laws, Rules and ethical requirements governing the profession for which I am seeking a license or authority to practice; (4) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws, Rules or ethical requirements governing the profession for which I am seeking a license or authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted to me; (5) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate or incomplete; (6) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Bureau of Occupational Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license or authority for which I am applying and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; (7) I authorize the Bureau of Occupational Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority issued or applied for in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof; and (8) every statement made and all information presented in this application and any addendum or other attachment submitted herewith is true and correct.

Signature of Owner(s) or Agent(s)

State of Idaho, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public Official Signature

My Commission Expires _____