

IDAHO BOARD OF MORTICIANS
IDAHO 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 FUNERAL 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. Applications that are not complete or do not provide the requested information will be delayed. Questions regarding this application or the requirements for licensure may be addressed to the address or number above.

Application Checklist:

A funeral service establishment license requires the following:

- Completed application.
- Application fee-\$100.00.
- Original license fee-\$125.00.
- A licensed Idaho Mortician who is a resident of Idaho on staff full time per Idaho Code 54-1111(1)(d).
- A specific location and name for the establishment per Idaho Code 54-1111(1)(c).
- Must contain an operating room and equipment for embalming, a display room for merchandise, a chapel, and a viewing/visitation room per Rule 450.
- Once application is complete Board review for approval for inspection.

After Board Review:

- A walk-through inspection of the establishment is arranged and upon passing the inspection the license is issued. The walk-through inspection must be arranged and completed within six (6) months of the Board's review of the application or the application will be denied and 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. There is a \$20 fee for returned checks.

NOTE: Prior to walk-through 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.

NOTE: All funeral establishments must be inspected by the Idaho Board of Mortician Examiners prior to the issuance of an establishment license. Operation prior to obtaining a valid license is unlawful and may result in criminal prosecution and denial of licensure. Additionally, funeral establishments should not advertise services prior to inspection and licensure.

APPLICATION FOR FUNERAL ESTABLISHMENT LICENSE

(continued)

RESIDENT MORTICIAN AFFIDAVIT

I hereby certify under penalty of perjury that I am a resident of the state of Idaho and that I am in the employ or service of the above noted funeral establishment at the location noted on a full-time basis.

I hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or its 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.

Signature of Mortician

State of Idaho, County of _____, ss.

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

(seal)

Notary Public Official Signature
My Commission Expires _____

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 am familiar with all city, county, and state planning and zoning regulations affecting the facility and location listed above and that I assume all responsibility for their compliance.

I hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or its 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 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 _____