ARIZONA STATE BOARD OF FUNERAL DIRECTORS AND EMBALMERS
1400 WEST WASHINGTON, SUITE 230, PHOENIX, ARIZONA 85007

No:
Date Issued:

APPLICATION
FOR CREMATORY LICENSE

THIS APPLICATION IS MADE BY: PROPRIETORSHIP ___PARTNERSHIP___CORPORATION___
LLC___SUBSIDARY CORPORATION___

NAME OF CREMATORY _____

MAILING ADDRESS _____

PHYSICAL LOCATION _____

TELEPHONE _____ **FAX** _____

RESPONSIBLE CREMATIONIST _____

ADDRESS OF PRINCIPAL OFFICE _____

Name, address and telephone number of each person owning ten percent or more of the crematory. If a corporation, list the name, address and telephone number of each person owning ten percent or more of the capital units or shares in the corporation. Enclose Articles of Incorporation.

_____

_____

CORPORATIONS COMPLETE THE FOLLOWING:
Name, address and telephone number of statutory agent:

_____

_____

_____

Name, address and telephone number of officers:

_____

_____

_____

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BACKGROUND REVIEW

	yes	no
1. Have you ever been convicted of or entered into a plea of no contest to a class 1 or 2 felony?	___	___
2. Have you within five years from the date of the application been convicted of or entered into a plea of no contest to a felony or to a misdemeanor that is reasonably related to the applicant's proposed area of licensure? including the following:	___	___

(1) Charged with a felony or misdemeanor;
(2) Date of conviction;
(3) Court having jurisdiction over the felony or misdemeanor;
(4) Probation Officer's name, address, and telephone number if applicable; and
(5) A copy of the notice of expungement if applicable; and
(6) A copy of the notice of restoration of civil rights, if applicable;

3. Have you within five years from the date of the application, committed any act involving dishonesty, fraud, misrepresentation, breach of fiduciary duty, gross negligence, or incompetence reasonably related to the applicant's proposed area of licensure?	___	___
4. Are you currently incarcerated or on community supervision after a period of imprisonment in a local, state or federal penal institution or on criminal probation?	___	___
5. Have you within five years from the date of the application had an application for a license, registration, certificate, or endorsement denied or rejected by any state funeral licensing authority? including the:	___	___

(1) Reason for the denial or rejection;
(2) Date of the denial or rejection, and
(3) Name and address of the agency that denied or rejected the application;

6. Have you within five years from the date of the application, had a license, registration, certificate, or endorsement suspended or revoked by any state funeral licensing authority? including:	___	___

(1) Reason for the suspension or revocation;
(2) Date of the suspension or revocation;
(3) Name and address of the state licensing authority that suspended or revoked license

7. Have you ever surrendered a license, registration, certificate, or endorsement to the board or any state funeral licensing authority?	___	___

NOTE: In the event that the response to any of the questions above is "Yes," you must file an explanation and submit all court documents. Failure to properly answer these questions can result in Board disciplinary action, including revocation or Denial of license.

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RESPONSIBLE CREMATIONIST AFFIDAVIT

Name_____License No._____

Address_____

_____

Telephone number_____

I, _____hereby affirm that I am the responsible Cremationist. I am familiar with A.R.S. 32-1394.4 relating to crematory licensing. I understand I am responsible for the crematory's compliance with the aforementioned law and I hereby accept responsibility for the crematory for which licensing is sought by this application and such crematory will be equipped, operated and maintained in accordance with the provisions of the law.

_____
Signature

Duly acknowledged, subscribed and sworn to before me this____day of ____ 20___.

_____
Notary Public

AFFIRMATION OF OWNER

I, _____, am the _____
(Name) (Owner, partner, office title)

of _____
(Crematory, partnership, corporation)

On behalf of which I make this affirmation being hereunto duly authorized. I, or the organization herein named is the owner of the crematory for which licensure is sought by the foregoing application. I have read such application and know the contents thereof, and the matters and things therein stated are true and correct.

_____
Signature

Duly acknowledged, subscribed and sworn to before me this ___day of ___20___.

_____
Notary Public

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