



Reduction Facility Operator Application

Apply for an operator license to perform cremations, alkaline hydrolysis, and/or natural organic reduction.

Mail these to the address below:

- this completed form
- a check or money order payable to Department of Licensing for the **nonrefundable** fees
- a certificate of completion of operator training

Funeral and Cemetery Board
Department of Licensing
PO Box 3777
Seattle, WA 98124-3777

For questions or language help call: (360) 664-1555

Fees

- Crematory Operator [21708]—\$135
 Alkaline Hydrolysis Operator [21709]—\$135
 Natural Organic Reduction Operator [21710]—\$135
 \$5 each. DOL print and mail license. Quantity _____ Total \$ _____

Applicant

TYPE or PRINT Name as you would like it to appear on your license		Social Security number*	
Full legal name (First, Middle, Last)		Date of birth (mm/dd/yyyy)	
Address			
City		State	ZIP code
Mailing address, if different			
City		State	ZIP code
(Area code) Phone number	Email		
Military? (check if applicable) Current or former: <input type="checkbox"/> Military member <input type="checkbox"/> Military spouse or domestic partner			
Legal background Answer the questions below. If you answer "Yes," attach a detailed explanation.			
1. Within the last 5 years, in this state or any other jurisdiction, have you had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, or permit held by you?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Within the last 5 years, in this state or any other jurisdiction, have you defaulted, or been convicted of, or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic convictions.)		<input type="checkbox"/> Yes <input type="checkbox"/> No	

*You are not required to have a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN or TIN) to apply for or be issued a license. If you do not have an SSN or ITIN, leave that section blank. If you do have a SSN, ITIN or TIN, you are required by federal and state law to provide it on the application (42 U.S.C. 666(a)(13) and RCW 74.20A.320).

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

Date and place

X
Signature

Providing any false information in this application may be cause for denial, suspension, or revocation of your professional license in the State of Washington.

