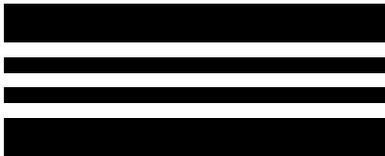




# Reduction Facility: Crematory Application



Apply for a crematory reduction facility license.

Online: <https://professions.dol.wa.gov>

Or mail this completed form and a check or money order payable to Department of Licensing to:

**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—\$210
- \$5 each. DOL print and mail license. Quantity \_\_\_\_\_ Total \$ \_\_\_\_\_

### Applicant

<b>TYPE or PRINT</b> Business entity name (corporation/funeral home/cemetery) owning and operating the facility. If sole proprietor, Last name, First, Middle		UBI/UBI Business ID/UBI Location ID (16 digits)	
Doing business as			
Type of business <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited liability company (LLC) <input type="checkbox"/> Foreign corporation			
Mailing address			
City		State	ZIP code
Physical address, if different			
City		State	ZIP code
(Area code) Phone number		Email	
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, has the business entity, any business owners, or any persons with controlling interest in this business had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, or permit? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Within the last 5 years, in this state or any other jurisdiction, has the business entity, any business owners, or any persons with controlling interest in this business 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			

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

\_\_\_\_\_  
TYPE or PRINT Name

**X**

\_\_\_\_\_  
Signature

Date and place \_\_\_\_\_

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