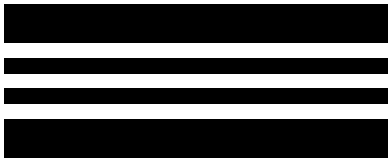




**Reduction Facility:
Alkaline Hydrolysis/Crematory/
Natural Organic
Renewal Application**



Renew an alkaline hydrolysis, crematory, or natural organic reduction facility license.

Mail this completed form and a check or money order payable to Department of Licensing for the **nonrefundable** fees to:

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



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

License type (check all that apply)

- Alkaline Hydrolysis [21706]
- Crematory [21702]
- Natural Organic Reduction [21707]

Applicant

TYPE or PRINT Business entity name (corporation/funeral home/cemetery) owning and operating the facility. If sole proprietor, Last name, First, Middle	
Doing business as	
License number	UBI/UBI Business ID/UBI Location ID (16 digits)
Mailing address	
(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? Yes 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.) Yes No

Renewal fee calculation

During the previous calendar year, this business performed:			
Number of alkaline hydrolysis	_____ X \$8.00 = \$_____	Pay this amount	
Number of cremations	_____ X \$8.00 = \$_____	Pay this amount	
Number of natural organic reduction	_____ X \$8.00 = \$_____	Pay this amount	
\$5 each. DOL print and mail license	_____ X \$5.00 = \$_____	Pay this amount	
	\$_____	Total	

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

Date and place	TYPE or PRINT Name X Signature
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Providing any false information in this application may be cause for denial, suspension, or revocation of your professional license in the State of Washington.