

Funeral Establishment Renewal Application

Renew your Funeral Establishment License.

Online: professions.dol.wa.gov/

Or mail this completed form and the **\$439 renewal fee** in a check or money order (payable to the Department of Licensing) to:

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



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

Licenses are available for self you want us to print and m	ail your license add		y to your pa	ayment.	
□ \$0 self-print license online□ \$5 each. DOL print and m		/ Total \$			
Applicant information					
TYPE OR PRINT Name of establishm	nent				
License number	UBI/UBI Business ID/UB	UBI/UBI Business ID/UBI Location ID (16 digits)			
Mailing address					
City		State	ZIP code		
Physical address					
City			State	ZIP code	
(Area code) Phone number Email					
Licensed designated funeral director name			Funeral d	Funeral director	
Legal background					
Answer the following Answer the questions below	w. If vou answer "Yes	s." attach a detailed explan	ation.		
1. Within the last 5 years, in	•	•		y, any	
business owners, or any	persons with contro	lling interest in this busines nder, etc.) taken against ar	ss had any	action	
occupational license, cer	tification, or permit?	· · · · · · · · · · · · · · · · · · ·		Yes No	
convicted of, or entered	persons with contro a plea of no contest	her jurisdiction, has the bus Iling interest in this busines to a gross misdemeanor of	ss defaulted r felony crin	l, or been ne?	
	,				
I declare under penalty of pe	erjury under the law o	ot Washington that the fore	egoing is tru	e and correct.	
	T\ X	YPE or PRINT Name			
Date and place		oplicant 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.