



FUNERAL SERVICE ESTABLISHMENT/BRANCH CHANGE APPLICATION

MARK ONLY ONE BOX:

- Change of Establishment Name - \$100.00 Fee (Change Effective Date (MM/DD/YY) _____)
- Change of Location with Inspection - \$400.00 Fee (Change Effective Date (MM/DD/YY) _____)
- Change of Ownership with Re-inspection - \$500.00 Fee (Change Effective Date (MM/DD/YY) _____)

All fees must be paid by check or money order made payable to the Treasurer of Virginia. All fees are non-refundable.

CURRENT ESTABLISHMENT/BRANCH INFORMATION (PLEASE PRINT IN BLUE OR BLACK INK)			
OWNER'S FULL NAME	ESTABLISHMENT/BRANCH LICENSE NUMBER		
ESTABLISHMENT/BRANCH NAME			
MAILING ADDRESS	CITY	STATE	ZIP CODE
LOCATION ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	EMAIL ADDRESS		

CHANGE OF ESTABLISHMENT NAME OR LOCATION (IF APPLICABLE)			
NEW ESTABLISHMENT/BRANCH NAME			
ESTABLISHMENT/BRANCH MAILING ADDRESS	CITY	STATE	ZIP CODE
ESTABLISHMENT/BRANCH LOCATION ADDRESS	CITY	STATE	ZIP CODE
ESTABLISHMENT/BRANCH TELEPHONE NUMBER	EMAIL ADDRESS		

APPLICANTS DO NOT USE SPACES BELOW THIS LINE - FOR OFFICE USE ONLY

APPROVED BY _____

LICENSE NUMBER	PENDING NUMBER	BASE STATE	RECEIPT NUMBER
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ALL APPLICANTS MUST COMPLETE ALL SECTIONS LISTED BELOW

TYPE OF NEW BUSINESS/BUSINESS NAME (IF APPLICABLE) (Select only one)

<input type="checkbox"/> SOLE PROPRIETORSHIP	<input type="checkbox"/> LIMITED PARTNERSHIP*	<input type="checkbox"/> GENERAL PARTNERSHIP**
<input type="checkbox"/> CORPORATION*	<input type="checkbox"/> LIMITED LIABILITY COMPANY*	<input type="checkbox"/> OTHER _____

*All Corporations, Limited Liability Companies, and Limited Partnerships must register with the Virginia State Corporation Commission (SCC), including any trade/fictitious names, prior to applying for licensure with the Virginia Board of Funeral Directors and Embalmers. For additional information, please contact the SCC at (804) 371-9733. Attach documentation.

**General Partnerships must attach recording data or a certificate of partnership issued by the Virginia State Corporation Commission.

Business entities that are trading under a fictitious name(s), which are not corporations, must attach a copy of the certificate filed with the clerk of the court in the locality where business will be conducted.

MANAGER OF RECORD INFORMATION

MANAGER'S FIRST NAME	MANAGER'S MIDDLE NAME	MANAGER'S LAST NAME	
MANAGER'S LICENSE NUMBER		MANAGER PHONE NUMBER	
STREET ADDRESS	CITY	STATE	ZIP CODE
MANAGER'S EMAIL ADDRESS			

LIST ALL PRINCIPALS (OWNERS/OFFICERS/DIRECTORS) (Use additional paper, if needed)

NAME #1		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
NAME #2		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
NAME #3		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

LICENSURE QUESTIONS (To be answered by the Manager of Record)

Any supporting documentation related to the questions below should be submitted to:
Virginia Board of Funeral Directors and Embalmers
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233

	YES	NO
1. Have you ever been convicted of a violation of /or pled Nolo Contendere to any federal, state or local statute, regulation, or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor? Including convictions for driving under the influence; excluding traffic violations.		
Attach your original criminal history record, a certified copy of any final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree, or case decision, and any other information you wish to be considered with your application (i.e. information on the status of incarceration, parole, or probation, reference letters documentation of rehabilitation, etc.).	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever had any of the following disciplinary actions taken against a license/registration to practice funeral services or any such actions pending: (a) suspension/revocation; (b) probation; (c) reprimand/cease and desist; (d) had your practice monitored; (e) monetary penalty; (f) denied licensure (g) refused renewal; (h) denied examination?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, submit notices, orders, etc., from the regulatory authority where disciplined.		
3. Are you a manager of another funeral home?		
If yes, please provide the name and license number of the funeral home below.	<input type="checkbox"/>	<input type="checkbox"/>
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MILITARY SERVICE

	YES	NO
4. Are you active-duty military?	<input type="checkbox"/>	<input type="checkbox"/>
5. Did you relocate with a spouse who is the subject of a military transfer to the Commonwealth of Virginia?	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL LICENSURE QUESTIONS

	YES	NO
A. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner? Please provide a full explanation on a separate page.	<input type="checkbox"/>	<input type="checkbox"/>
(A.2) Within the past five years, have you sought or been directed to seek treatment for your conduct or behavior?	<input type="checkbox"/>	<input type="checkbox"/>
B. Within the past five years, have you been disciplined by any entity? Please provide a full explanation and any associated orders or letters from the entity.	<input type="checkbox"/>	<input type="checkbox"/>
(B.2) Within the past five years, have you sought or been directed to seek treatment for your conduct or behavior?	<input type="checkbox"/>	<input type="checkbox"/>

C. Do you currently have any physical condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing Funeral Service Licensee.

If yes, please provide a full explanation. (NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.)

D. Do you currently have any mental health condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing Funeral Service Licensee.

If yes, please provide a full explanation. (NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.)

E. Do you currently have any condition or impairment related to alcohol or other substance use that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing Funeral Service Licensee.

If yes, please provide a full explanation. (NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.)

F. Within the past 5 years, have any conditions or restrictions been imposed upon you or your practice to avoid disciplinary action by any entity?

If yes, please provide a full explanation and any associated orders or letters from the entity. (NOTE: The Board may request a copy of a current participation contract and summary of compliance and/or documentation of successful completion. You may consider providing this documentation with your application, or have the program send this documentation directly to the Board.)

LICENSURE QUESTIONS (To be answered by the Owner)

Any supporting documentation related to the questions below should be submitted to:
Virginia Board of Funeral Directors and Embalmers
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233

1. Does this establishment replace a facility presently licensed by the Board of Funeral Directors and Embalmers?

If yes, please list the name and the license number of the facility and date it will be officially closed:

Name: _____

License number: _____

Closure Date (MM/DD/YY): _____

2. Have you ever been denied a funeral service establishment license?

If yes, submit notices, orders, etc. from the regulatory authority authorized to take such actions.

3. Have you ever had any of the following disciplinary actions taken against a license/registration to practice funeral services or any such actions pending: (a) suspension/revocation; (b) probation; (c) reprimand/cease and desist; (d) had your practice monitored; (e) monetary penalty; (f) denied licensure (g) refused renewal; (h) denied examination?

If yes, submit notices, orders, etc., from the regulatory authority where disciplined.

AGREEMENT OF MANAGER OF RECORD

I agree to serve as the Manager of Record at the establishment named herein and assume the duties and responsibilities incumbent to the role as specified in the Regulations of the Virginia Board of Funeral Directors and Embalmers. By signing my name below, I acknowledge that I have read and understand the responsibilities of the Manger of Record and agree to perform those duties.

Signature of Manager of Record

Date

AFFIDAVIT OF OWNER

I certify that I have carefully read the laws and regulations related to the Virginia Board of Funeral Directors and Embalmers, which are available at <http://www.dhp.virginia.gov/funeral> and I fully understand that funds submitted as part of the application process shall not be refunded.

I certify by my signature below: I am the person applying for licensure/certification/registration and meet the qualifications required by Virginia law and regulations. Further, I certify the information provided on this application has been personally provided and reviewed by me, and that statements made on the application are true and complete. I understanding that providing false or misleading information, as well as omitting information, in response to information required in this application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing license/certificate/registration.

For Branch Establishments only: I certify that the branch establishment for which this application has been submitted is affiliated with the licensed main establishment named herein, and that main establishment conforms with the requirements of Virginia Code §54.1-2811.

I agree to the above certification.

Signature of Owner

Date