



ESTABLISHMENT/CREMATORY APPLICATION

This application must be legible, either printed in black ink or typed and accompanied by the application and initial licensure fees in the amount of \$400.00.

SECTION A – OWNERSHIP INFORMATION		
NAME OF ESTABLISHMENT/CREMATORY		LICENSE NO., If Applicable
MAILING ADDRESS - No. & Street/P. O. Box		
PHYSICAL ADDRESS - No. & Street/P. O. Box		
CITY	STATE	ZIP CODE
CONTACT PERSON	ESTABLISHMENT/CREMATORY PHONE () -	E-MAIL ADDRESS
TYPE OF ESTABLISHMENT/CREMATORY: <input type="checkbox"/> Funeral Establishment <input type="checkbox"/> Commercial Establishment <input type="checkbox"/> Direct Disposition Establishment <input type="checkbox"/> Crematory		TYPE OF OWNERSHIP: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
APPLICATION IS FOR: (Check applicable box(es)) <input type="checkbox"/> NEW ESTABLISHMENT/CREMATORY Complete ALL Sections Proposed Licensee in Charge: _____ (Not applicable for a Crematory) Date Establishment/Crematory will be ready for inspection: ___/___/___		
<input type="checkbox"/> CHANGE OF LOCATION Complete Sections A, C and E Proposed Physical Address: _____ Proposed Mailing Address: _____ Date Establishment/Crematory will be ready for inspection: ___/___/___		
<input type="checkbox"/> CHANGE OF NAME (Proposed Name cannot be advertised/displayed until a license is issued) Complete Sections A and E Proposed Name: _____		
<input type="checkbox"/> INCORPORATION HAS CREATED A NEW ENTITY Complete Sections A, B, D and E		
<input type="checkbox"/> ORGANIZATION OF A PARTNERSHIP OR JOINT VENTURE HAS CREATED A NEW ENTITY Complete Sections A, B, D and E		
<input type="checkbox"/> CHANGE IN THE MEMBERS OF A PARTNERSHIP Complete Sections A, B, D and E		
<input type="checkbox"/> CHANGE OF OWNERSHIP OF THE MAJORITY OF THE STOCK OR OTHER CONTROLLING INTEREST (BY CONTRACT OR OTHERWISE) IN THE CORPORATION Complete Sections A, B, D and E		
<input type="checkbox"/> CORPORATION OR PARTNERSHIP HAS DISSOLVED Complete Sections A, B, D and E		
<input type="checkbox"/> CHANGE IN FUNERAL SERVICE PRACTITIONER/DIRECT DISPOSER IN CHARGE OF THE ESTABLISHMENT (Not applicable for a Crematory) Complete Sections A and E <input type="checkbox"/> Proposed Licensee in Charge is currently in charge of other establishment(s) (attach list of the other establishment(s)) <input type="checkbox"/> Proposed Licensee in Charge is currently Supervising Licensee in Charge of Funeral Service Interns (attach a list of the Funeral Service Interns, and the name(s) of the FSP who will be supervising the Funeral Service Interns) Current Licensee in Charge: _____ License No. _____ Proposed Licensee in Charge: _____ License No. _____		



SECTION B – OWNERSHIP INFORMATION

Complete the applicable ownership section below, and by an attachment provide:

1. If a Corporation, a copy of the Certificate of Good Standing from Public Regulation Commission;
2. A description of the ability and experience of the owner(s) in the establishment/crematory business;
3. Any interest in another establishment/crematory;
4. Any convictions of a felony, misdemeanor or criminal offense, and any disciplinary proceedings by a licensing board or professional association, to which the owner(s) has been a party;
5. If a New Establishment:
 - (a) a statement from the Owner(s) acknowledging familiarity of the Prearranged Funeral Plans Act, and that the Owner(s) will comply with the requirements of the Prearranged Funeral Plans Act (59A-29-1 et seq.);
 - (b) a statement acknowledging familiarity of the Federal Trade Commission (FTC) Funeral Rule, and that the owner(s) will comply with the requirements of the Funeral Rule (Part 453 – Funeral Industry Practices Revised Rule);
6. If a Change of Ownership:
 - (a) a statement from the Seller(s) stating that all pre-need funeral plans are in compliance with the requirements of the Prearranged Funeral Plans Act (59A-29-1 et seq.);
 - (b) a statement from the Buyer(s) acknowledging familiarity of the Prearranged Funeral Plans Act, and that the Buyer(s) will comply with the requirements of the Prearranged Funeral Plans Act (59A-49-1 et seq.); and
 - (c) a statement from the Buyer(s) acknowledging familiarity of the Federal Trade Commission (FTC) Funeral Rule, and that the owner(s) will comply with the requirements of the Funeral Rule (Part 453 – Funeral Industry Practices Revised Rule).

SOLE PROPRIETORSHIP

NAME OF OWNER		BUSINESS PHONE - -	
OWNER'S MAILING ADDRESS	CITY	STATE	ZIP CODE -

PARTNERSHIP

NAME OF PRINCIPAL PARTNER		BUSINESS PHONE - -	
MAILING ADDRESS	CITY	STATE	ZIP CODE -

PARTNERS – list all partners (make a copy of this page if there are more than three partners)

NAME OF PARTNER1		PERCENTAGE OWNED %	
MAILING ADDRESS	CITY	STATE	ZIP CODE -
NAME OF PARTNER2		PERCENTAGE OWNED %	
MAILING ADDRESS	CITY	STATE	ZIP CODE -

CORPORATION

NAME OF CORPORATION		BUSINESS PHONE - -	
MAILING ADDRESS	CITY	STATE	ZIP CODE -
NAME OF REGISTERED AGENT			
STREET ADDRESS (must be a New Mexico physical address)	CITY	STATE	ZIP CODE -

STOCKHOLDERS – list stockholders owning legally or beneficially fifty (50) percent or more of the stock of the corporation

NAME OF STOCKHOLDER1		PERCENTAGE OWNED %	
----------------------	--	-----------------------	--



MAILING ADDRESS	CITY	STATE	ZIP CODE -
NAME OF STOCKHOLDER2		PERCENTAGE OWNED %	
MAILING ADDRESS	CITY	STATE	ZIP CODE -
OFFICERS – list the following officers:			
NAME – PRESIDENT		BUSINESS PHONE - -	
MAILING ADDRESS	CITY	STATE	ZIP CODE -
NAME – VICE-PRESIDENT		BUSINESS PHONE - -	
MAILING ADDRESS	CITY	STATE	ZIP CODE -
SECTION C1 – FUNERAL ESTABLISHMENT MINIMUM REQUIREMENTS			
Complete only if application for a Funeral Establishment. The following minimum requirements <i>must</i> be met before the Board may consider the application. All boxes must be checked confirming that the requirements have been met. By an attachment provide:			
1. floor plan;			
2. city or county permit; and			
3. Contract/Agreement of regular removal of infectious waste by an authorized company.			
BUILDING – In accordance with 16.64.4.8.A, B and C of the Board Rules the following requirements have been met:			
<input type="checkbox"/>	the building conforms with the requirements of the applicable State and local statutes, rules, ordinances and zoning provisions, is of good appearance and devoted primarily to the purpose for which it is to be licensed		
<input type="checkbox"/>	the site and any rooms or areas within the structure thereon, and the use thereof, conform to all applicable State and local statutes, rules, ordinances and zoning provisions, and is in clean condition and in good repair		
<input type="checkbox"/>	there is identification visible from the street identifying the name of the establishment as it is to be licensed (<i>name cannot be advertised/displayed until a license is issued</i>)		
CHAPEL – In accordance with 16.64.4.9.A(1) of the Board's Rules the following requirements have been met:			
<input type="checkbox"/>	is a minimum of six hundred (600) square feet (inside-wall-to-inside-wall) in size		
<input type="checkbox"/>	Is entirely and completely separate from the Preparation/Embalming Room and Casket Display Room, except for entrances/exits having doors		
<input type="checkbox"/>	room is to be used only for public gathering for rites and ceremonies		
<input type="checkbox"/>	is equipped with good ventilation		
<input type="checkbox"/>	has capacity for seating a minimum of sixty (60) persons		
<input type="checkbox"/>	has a designated space for the proper display of a casket or urn		
CASKET DISPLAY ROOM – In accordance with 16.64.4.9.A(2) of the Board's Rules the following requirements have been met:			
<input type="checkbox"/>	is a minimum of four hundred fifty (450) square feet (inside-wall-to-inside-wall) in size		
<input type="checkbox"/>	room is used only for the display of funeral merchandise		
<input type="checkbox"/>	<input type="checkbox"/>	a minimum of twelve (12) adult burial caskets in a range of models and prices are displayed, <i>OR</i>	
<input type="checkbox"/>	<input type="checkbox"/>	a minimum of twelve (12) modular caskets in a range of models and prices are displayed, <i>AND</i> A minimum of twelve (12) adult burial caskets in a range of models and prices are available and warehoused within 50 miles of the establishment	
<input type="checkbox"/>	prices are clearly marked and match the general (casket) price list		
<input type="checkbox"/>	models are clearly marked		
<input type="checkbox"/>	room is adequately illuminated		
PREPARATION/EMBALMING ROOM – In accordance with 16.64.4.9.A(3) of the Board's Rules the following have been met:			
<input type="checkbox"/>	is a minimum of one hundred fifty (150) square feet (inside-wall-to-inside-wall) in size		
<input type="checkbox"/>	is entirely enclosed by flooring, walls and ceiling, except for proper ventilation and entrances/exits having doors		
<input type="checkbox"/>	doors are closed at all times with a sign which states "employees only" or other similar sign		
<input type="checkbox"/>	room is used only for preparation of dead human bodies		
<input type="checkbox"/>	is free of blood or other matter on floors, counters, equipment, etc.		
<input type="checkbox"/>	is clean and in sanitary condition		
Equipped with:			



<input type="checkbox"/>	<input type="checkbox"/>	refrigeration unit thermodynamically controlled and temperature measures 40 degrees, OR
	<input type="checkbox"/>	there is no refrigeration unit
<input type="checkbox"/>		sanitary flooring of tile or other suitable hard, impervious surface
<input type="checkbox"/>		necessary drainage (floor) (necessary = as required by OSHA)
<input type="checkbox"/>		necessary ventilation (necessary = as required by OSHA)
<input type="checkbox"/>		drainage for embalming purposes
<input type="checkbox"/>		sink for washing equipment with running hot and cold water
<input type="checkbox"/>		stained sheets/garments receptacle labeled "infectious waste" (as required by OSHA)
<input type="checkbox"/>		infectious waste receptacle labeled "infectious waste" (as required by OSHA)
<input type="checkbox"/>		sharps container (as required by OSHA)
<input type="checkbox"/>		heavy duty rubber gloves (embalming gloves)
<input type="checkbox"/>		protective gear – smock or gown, face shield, head and shoe covers
<input type="checkbox"/>		necessary lighting (necessary = as required by OSHA)
<input type="checkbox"/>		embalming machine (in good working condition)
<input type="checkbox"/>		embalming table
<input type="checkbox"/>		aspirator
<input type="checkbox"/>		drain tubes (metal or rubber) or Spring forceps
<input type="checkbox"/>		arterial tubes
<input type="checkbox"/>		aneurysm needles
<input type="checkbox"/>		scalpel and sufficient blades
<input type="checkbox"/>		trocar with hose
<input type="checkbox"/>		cavity fluid injector
<input type="checkbox"/>		autopsy aspirator
<input type="checkbox"/>		sufficient trocar buttons and an applicator (sufficient = at least six (6))
<input type="checkbox"/>		array of embalming scissors
<input type="checkbox"/>		Suture needles and sufficient suture thread (sufficient = at least one-half (1/2) spool)
<input type="checkbox"/>		razor and sufficient blades
<input type="checkbox"/>		sealing powder
<input type="checkbox"/>		hardening compound
<input type="checkbox"/>		massage cream
<input type="checkbox"/>		sufficient cosmetics

SECTION C2 – COMMERCIAL ESTABLISHMENT MINIMUM REQUIREMENTS

Complete only if application for a Commercial Establishment. The following minimum requirements **must** be met before the Board may consider the application. All boxes must be checked confirming that the requirements have been met. By an attachment provide:

1. floor plan;
2. city or county permit; and
3. Contract/Agreement of regular removal of infectious waste by an authorized company.

BUILDING – In accordance with 16.64.4.8.A, B and C of the Board Rules the following requirements have been met:

<input type="checkbox"/>	the building conforms with the requirements of the applicable State and local statutes, rules, ordinances and zoning provisions, is of good appearance and devoted primarily to the purpose for which it is to be licensed
<input type="checkbox"/>	the site and any rooms or areas within the structure thereon, and the use thereof, conform to all applicable State and local statutes, rules, ordinances and zoning provisions, and is in clean condition and in good repair
<input type="checkbox"/>	there is identification visible from the street identifying the name of the establishment as it is to be licensed (<i>name cannot be advertised/displayed until a license is issued</i>)

OFFICE – In accordance with 16.64.4.9.B of the Board Rules the following requirements have been met:

<input type="checkbox"/>	is entirely enclosed by flooring, walls and ceiling, except for proper ventilation and entrances/exits having doors
<input type="checkbox"/>	is totally separate from the Preparation/Embalming Room, except for entrances/exits having doors

PREPARATION/EMBALMING ROOM – In accordance with 16.64.4.9.A(3) of the Board's Rules the following have been met:

<input type="checkbox"/>	is a minimum of one hundred fifty (150) square feet (inside-wall-to-inside-wall) in size
<input type="checkbox"/>	is entirely enclosed by flooring, walls and ceiling, except for proper ventilation and entrances/exits having doors
<input type="checkbox"/>	doors are closed at all times with a sign which states "employees only" or other similar sign
<input type="checkbox"/>	room is used only for preparation of dead human bodies
<input type="checkbox"/>	is free of blood or other matter on floors, counters, equipment, etc.



<input type="checkbox"/>	is clean and in sanitary condition
Equipped with:	
<input type="checkbox"/>	<input type="checkbox"/> refrigeration unit thermodynamically controlled and temperature measures 40 degrees, OR
<input type="checkbox"/>	<input type="checkbox"/> there is no refrigeration unit
<input type="checkbox"/>	sanitary flooring of tile or other suitable hard, impervious surface
<input type="checkbox"/>	necessary drainage (floor) (necessary = as required by OSHA)
<input type="checkbox"/>	necessary ventilation (necessary = as required by OSHA)
<input type="checkbox"/>	drainage for embalming purposes
<input type="checkbox"/>	sink for washing equipment with running hot and cold water
<input type="checkbox"/>	stained sheets/garments receptacle labeled "infectious waste" (as required by OSHA)
<input type="checkbox"/>	infectious waste receptacle labeled "infectious waste" (as required by OSHA)
<input type="checkbox"/>	Sharps container (as required by OSHA)
<input type="checkbox"/>	heavy duty rubber gloves (embalming gloves)
<input type="checkbox"/>	protective gear – smock or gown, face shield, head and shoe covers
<input type="checkbox"/>	necessary lighting (necessary = as required by OSHA)
<input type="checkbox"/>	embalming machine (in good working condition)
<input type="checkbox"/>	embalming table
<input type="checkbox"/>	Aspirator
<input type="checkbox"/>	drain tubes (metal or rubber) or Spring forceps
<input type="checkbox"/>	arterial tubes
<input type="checkbox"/>	aneurysm needles
<input type="checkbox"/>	scalpel and sufficient blades
<input type="checkbox"/>	trocar with hose
<input type="checkbox"/>	cavity fluid injector
<input type="checkbox"/>	autopsy aspirator
<input type="checkbox"/>	sufficient trocar buttons and an applicator (sufficient = at least six (6))
<input type="checkbox"/>	array of embalming scissors
<input type="checkbox"/>	Suture needles and sufficient suture thread (sufficient = at least one-half (1/2) spool)
<input type="checkbox"/>	razor and sufficient blades
<input type="checkbox"/>	sealing powder
<input type="checkbox"/>	hardening compound
<input type="checkbox"/>	massage cream
<input type="checkbox"/>	sufficient cosmetics
SECTION C3 – DIRECT DISPOSITION ESTABLISHMENT MINIMUM REQUIREMENTS	
Complete only if application for a Direct Disposition Establishment. The following minimum requirements must be met before the Board may consider the application. All boxes must be checked confirming that the requirements have been met. By an attachment provide:	
1. floor plan;	
2. city or county permit; and	
3. Contract/Agreement of regular removal of infectious waste by an authorized company.	
BUILDING – In accordance with 16.64.4.8.A, B and C of the Board Rules the following requirements have been met:	
<input type="checkbox"/>	the building conforms with the requirements of the applicable State and local statutes, rules, ordinances and zoning provisions, is of good appearance and devoted primarily to the purpose for which it is to be licensed
<input type="checkbox"/>	the site and any rooms or areas within the structure thereon, and the use thereof, conform to all applicable State and local statutes, rules, ordinances and zoning provisions, and is in clean condition and in good repair
<input type="checkbox"/>	there is identification visible from the street identifying the name of the establishment as it is to be licensed (name cannot be advertised/displayed until a license is issued)
OFFICE – In accordance with 16.64.4.9.C(2) of the Board Rules the following requirements have been met:	
<input type="checkbox"/>	is entirely enclosed by flooring, walls and ceiling, except for proper ventilation and entrances/exits having doors
<input type="checkbox"/>	is totally separate from the Room for Sheltering Dead Human Bodies, except for entrances/exits having doors
CASKET DISPLAY ROOM – In accordance with 16.64.4.9.A(2) of the Board's Rules the following requirements have been met:	
<input type="checkbox"/>	<input type="checkbox"/> burial caskets will not be offered or sold (skip the rest of the Casket Display Room checklist and continue with Room for Sheltering Dead Human Bodies), OR
<input type="checkbox"/>	<input type="checkbox"/> burial caskets will be offered or sold



<input type="checkbox"/>	is a minimum of four hundred fifty (450) square feet (inside-wall-to-inside-wall) in size
<input type="checkbox"/>	room is used only for the display of funeral merchandise
<input type="checkbox"/>	<input type="checkbox"/> a minimum of twelve (12) adult burial caskets in a range of models and prices are displayed, OR
<input type="checkbox"/>	<input type="checkbox"/> a minimum of twelve (12) modular caskets in a range of models and prices are displayed, AND a minimum of twelve (12) adult burial caskets in a range of models and prices are available and warehoused within 50 miles of the establishment
<input type="checkbox"/>	prices are clearly marked and match the general (casket) price list
<input type="checkbox"/>	models are clearly marked
<input type="checkbox"/>	room is adequately illuminated
ROOM FOR SHELTERING DEAD HUMAN BODIES – In accordance with 16.64.4.9.C(1) of the Board’s Rules the following have been met:	
<input type="checkbox"/>	is entirely enclosed by flooring, walls and ceiling, except for proper ventilation and entrances/exits having doors
<input type="checkbox"/>	doors are closed at all times with a sign which states "employees only" or other similar sign
<input type="checkbox"/>	room is used only for sheltering dead human bodies
<input type="checkbox"/>	is free of blood or other matter on floors, counters, equipment, etc.
<input type="checkbox"/>	is clean and in sanitary condition
Equipped with:	
<input type="checkbox"/>	refrigeration unit thermodynamically controlled with a minimum storage area of twelve and one-half (12.5) cubic feet per body and temperature measures 40 degrees (in good working condition)
<input type="checkbox"/>	sanitary flooring of tile or other suitable hard, impervious surface
<input type="checkbox"/>	necessary drainage (floor) (necessary = as required by OSHA)
<input type="checkbox"/>	necessary ventilation (necessary = as required by OSHA)
<input type="checkbox"/>	sink for washing equipment with running hot and cold water
<input type="checkbox"/>	stained sheets/garments receptacle labeled "infectious waste" (as required by OSHA)
<input type="checkbox"/>	infectious waste receptacle labeled "infectious waste" (as required by OSHA)
<input type="checkbox"/>	sharps container (as required by OSHA)
<input type="checkbox"/>	heavy duty rubber gloves (embalming gloves)
<input type="checkbox"/>	protective gear – smock or gown, face shield, head and shoe covers
<input type="checkbox"/>	necessary lighting (necessary = as required by OSHA)
<input type="checkbox"/>	VEHICLE – equipped with enclosed vehicle with cot for transportation of dead human bodies for final disposition
SECTION C4 – CREMATORY MINIMUM REQUIREMENTS	
Complete only if application is for a Crematory. The following minimum requirements must be met before the Board may consider the application. All boxes must be checked confirming that the requirements have been met. By an attachment provide: 1.floor plan; and 2.city or county permit	
BUILDING – In accordance with 16.64.4.8.A, B and 16.64.10 of the Board Rules the following requirements have been met:	
<input type="checkbox"/>	the building conforms with the requirements of the applicable State and local statutes, rules, ordinances and zoning provisions, is of good appearance and devoted primarily to the purpose for which it is to be licensed
<input type="checkbox"/>	the site and any rooms or areas within the structure thereon, and the use thereof, conform to all applicable State and local statutes, rules, ordinances and zoning provisions, and is in clean condition and in good repair
ROOM FOR CREMATING DEAD HUMAN BODIES – In accordance with 16.64.10 of the Board’s Rules the following have been met:	
<input type="checkbox"/>	is entirely enclosed by flooring, walls and ceiling, except for proper ventilation and entrances/exits having doors
<input type="checkbox"/>	doors are closed at all times with a sign which states "employees only" or other similar sign
<input type="checkbox"/>	retort is used only for cremating dead human bodies
<input type="checkbox"/>	is free of blood or other matter on floors, counters, equipment, etc.
<input type="checkbox"/>	is clean and in sanitary condition
Equipped with:	
<input type="checkbox"/>	<input type="checkbox"/> refrigeration unit thermodynamically controlled and temperature measures 40 degrees, OR
<input type="checkbox"/>	<input type="checkbox"/> there is no refrigeration unit
<input type="checkbox"/>	sanitary flooring of tile or other suitable hard, impervious surface
<input type="checkbox"/>	necessary ventilation (necessary = as required by OSHA)
<input type="checkbox"/>	necessary lighting (necessary = as required by OSHA)



<input type="checkbox"/>	cremation retort (in good working condition)
<input type="checkbox"/>	cremation container
<input type="checkbox"/>	cremains container of adequate size

SECTION D – THE FOLLOWING QUESTIONS MUST BE ANSWERED

For any “yes” answer to questions (2) through (7), provide details including the outcome on a separate sheet of paper and attach supporting documentation:

A “Yes” answer does not necessarily disqualify an applicant from licensure, however the Board may require additional information and/or clarification, therefore it is important that you provide complete and succinct information. Each case is considered on its own merit.

1.	Has any person holding any ownership or controlling interest in this establishment/crematory or any officer ever been issued a license to operate an establishment/crematory in any state, country or territory? (If Yes, answer (a) below.)	Yes	No	
1.a	Location: _____ Entity: _____ When: _____ Status: _____ Location: _____ Entity: _____ When: _____ Status: _____ Location: _____ Entity: _____ When: _____ Status: _____			
2.	Has any person holding any ownership or controlling interest in this establishment/crematory or any officer owned or operated an establishment/crematory that closed or ceased operation? (If Yes, answer (a) through (b) below.)	Yes	No	
2.a	Was any person holding any ownership or controlling interest in this establishment/crematory or any officer subject to a pending disciplinary action, limitation, fine or other penalty at the time of closing?	Yes	No	
2.b	Did the establishment/crematory owe funeral plan funds at the time of closing? If Yes, 2.b.1 through 2.b.3 cannot have an “NA” answer	Yes	No	
2.b.1	Were the funeral plans transferred to another establishment? (If Yes, provide the name of the establishment: _____, and date transferred: _____ (If No, provide by separate cover an explanation of the process utilized and supporting documentation)	Yes	No	N/A
2.b.2	Is this matter still pending? (If Yes, provide by separate cover the current status)	Yes	No	N/A
2.b.3	Were the depositors of the funeral plans notified of the impending establishment closure and the status of their funeral plans? (If Yes, provide a copy of the notification)	Yes	No	N/A
3.	Has any person holding an ownership or controlling interest in this establishment/crematory or any officer ever been denied a license or permission to operate an establishment/crematory in any state, country or territory?	Yes	No	
4.	Has any person holding an ownership or controlling interest in this establishment/crematory or any officer been convicted of any offense punishable by incarceration in a state penitentiary or federal prison?	Yes	No	
5.	Has any person holding an ownership or controlling interest in this establishment/crematory or any officer had any disciplinary action involving the operation, management, or practice of funeral, direct disposition or cremation?	Yes	No	
6.	Has any person holding an ownership or controlling interest in this establishment/crematory or any officer ever been involved in any civil litigation involving the operation, management, or practice of funeral, direct disposition or cremation?	Yes	No	
7.	Is any person holding an ownership or controlling interest in this establishment/crematory or any officer currently more than thirty (30) days in arrears in payment of amounts required to be paid pursuant a judgment and order for support entered by a district court or a tribal court in a case brought by the human services department?	Yes	No	



SECTION E1 – APPLICANT’S ATTESTATION

I/we acknowledge receiving and reading the Rules/Parts & Statute presently administered by the New Mexico Board of Funeral Services and represent and agree that should I/we be granted the license applied for I/we will at all times obey the Rules/Parts & Statute.

I/we also acknowledge as a new applicant that I/we received a copy of Articles 11, 12, 12A, 13 and 14.

Under penalties of perjury, I/we declare and affirm that the statements made in the forgoing application, including notarized documentation, are true, complete and correct. I/we understand that any false or misleading information in, or in connection with, the application may be cause for denial or loss of licensure.

SOLE PROPRIETORSHIP: _____ Date: __/__/____
(Owner’s Signature)

PARTNERSHIP:

Partner1: _____ Date: __/__/____

Partner2: _____ Date: __/__/____
(make a copy of this page if there are more than three partners)

CORPORATION: _____ Date: __/__/____

Corporate Officer or Corporate Director: _____

SECTION E2 – FUNERAL SERVICE PRACTITIONER’S OR DIRECT DISPOSER’S ATTESTATION

If the application is for a change in the Funeral Service Practitioner or Direct Disposer in Charge, then the Proposed Licensee is Charge must complete this section, otherwise the Current Licensee in Charge must complete this section) (Sign before Notary Public)

Signature of Funeral Service Practitioner or Direct Disposer: _____ Date: __/__/____

The Establishment/Crematory must be ready for inspection no later than 30 days after receiving notification from the Board Office that it has determined that the application is complete and that the minimum requirements have been met (with the exception of passage of inspection) and that the application has been accepted.

The application review process averages approximately two (2) weeks. Therefore, if you do not receive a status letter after two (2) weeks please contact the Board Office.

All requested information is essential and must be provided. Failure to present a completed application by omitting information sought or having less than a full and complete disclosure, will result in delay or cause return of the application. The board shall neither approve nor deny an application until it is received in proper form, contains the information required by law and as requested by this form. The responsibility for completing the application is solely that of the applicant. The burden of proof in satisfying the Board that you are entitled to a license is upon you. **THE BOARD DOES NOT HAVE THE AUTHORITY TO GRANT A WAIVER OF ANY REQUIREMENT.**

IF THIS APPLICATION IS INCOMPLETE UPON ONE (1) YEAR OF RECEIPT, THE APPLICATION AND SUPPORTING DOCUMENTATION WILL BECOME NULL AND VOID AND THE FEES WILL BE FORFIETED.



