



**Board of Funeral Services**

**Commercial Establishment**

**Application Manual**

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### Application for Commercial Establishment

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## Application for Commercial Establishment

1. Click the “Select” button to the right of the Commercial Establishment license type.

**Commercial Establishment**  
Commercial Establishment means every office, premises, or place of business where the practice of funeral service or direct disposition is conducted or advertised as being conducted, as outlined in the Funeral Services Act.

Select

2. At any time of the application, you can select the “Save for later” option to save a draft of the application that you can return to and complete at your convenience. This will ensure you don’t lose any progress you have made if you can’t complete the application in one sitting.

**RLD Intake**

Introduction  
Basic Information  
Establishment Information  
Questions  
Upload Documents  
Attestation  
Payment  
Confirmation

**Introduction**  

Thank you for starting your application for a license with the New Mexico Regulation and Licensing Department. This licensing portal will guide you through the licensing requirements and allow you to save your work and return to your application if you do not complete it all at one time.

This application will confirm that each individual applying meets all requirements for licensure set by either state statute or rules governing the profession. These licensing requirements, along with continuing education, regular renewals, and compliance monitoring assist to safeguard the profession and certify that licensees meet minimum education, training, and health and safety standards to ensure public trust.

If you have further questions regarding licensure or the Regulation and Licensing Department Boards and Commissions Division, please visit the website at [www.rld.nm.gov/boards-and-commissions/](http://www.rld.nm.gov/boards-and-commissions/). Each Board and Commission have their own webpage with specific requirements for licensure, continuing education, renewals, public meeting information, and a direct phone number and email to their respective administrator and other support staff who can be reached for help.

If you are ready to apply, please click the Next button to begin your application.



Please ensure that you are applying for the correct license, permit or exam approval. Incorrect applications or those submitted in error may result in delays or additional application fees. Please note all fees are non-refundable even if the application is denied or withdrawn.

Save for later
Next

3. On the Introduction page, read through the information and select the “Next” button on the bottom right of the screen when you are done.

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**Introduction**  

Thank you for starting your application for a license with the New Mexico Regulation and Licensing Department. This licensing portal will guide you through the licensing requirements and allow you to save your work and return to your application if you do not complete it all at one time.

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If you are ready to apply, please click the Next button to begin your application.



Please ensure that you are applying for the correct license, permit or exam approval. Incorrect applications or those submitted in error may result in delays or additional application fees. Please note all fees are non-refundable even if the application is denied or withdrawn.

Save for later
Next

4. On the Basic Information page, verify that all information is valid and up to date.

RLD Intake

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**Basic Information**

Carefully verify that all contact information is current and correct.

Communication regarding licensing and renewals may be sent through email, and any official legal communication regarding complaints and discipline will be sent to the mailing address on file. It is required that every applicant and licensee maintain a current email and mailing address with the board where mail is checked regularly.

Name changes or other updates to your personal information cannot be processed on this page. Any such changes must be made by clicking on the 'My Profile' button below.

Note: If you change any profile information, you will need to restart your application, so that your application reflects your updates.

[My Profile](#)

▼ **Applicant Information**

\* First Name  Middle Name  \* Last Name

Any other name(s)

\* Phone Number  \* Email Address

▼ **Mailing Address**

\* Mailing Street

\* Mailing City  \* Mailing State

Mailing County (if in New Mexico)  \* Mailing Zip

\* Mailing Country

[Save for later](#) [Previous](#) [Next](#)

a. If **Yes**, select the “Next” button at the bottom right of the page.

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**Basic Information**

Carefully verify that all contact information is current and correct.

Communication regarding licensing and renewals may be sent through email, and any official legal communication regarding complaints and discipline will be sent to the mailing address on file. It is required that every applicant and licensee maintain a current email and mailing address with the board where mail is checked regularly.

Name changes or other updates to your personal information cannot be processed on this page. Any such changes must be made by clicking on the 'My Profile' button below.

Note: If you change any profile information, you will need to restart your application, so that your application reflects your updates.

[My Profile](#)

▼ **Applicant Information**

\* First Name  Middle Name  \* Last Name

Any other name(s)

\* Phone Number  \* Email Address

▼ **Mailing Address**

\* Mailing Street

\* Mailing City  \* Mailing State

Mailing County (if in New Mexico)  \* Mailing Zip

\* Mailing Country

[Save for later](#) [Previous](#) [Next](#)

b. If **No**, select the “My Profile” button at the top left to update your information.

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**Basic Information**

Carefully verify that all contact information is current and correct.

Communication regarding licensing and renewals may be sent through email, and any official legal communication regarding complaints and discipline will be sent to the mailing address on file. It is required that every applicant and licensee maintain a current email and mailing address with the board where mail is checked regularly.

Name changes or other updates to your personal information cannot be processed on this page. Any such changes must be made by clicking on the 'My Profile' button below.

Note: If you change any profile information, you will need to restart your application, so that your application reflects your updates.

[My Profile](#)

Applicant Information

\* First Name  Middle Name  \* Last Name

Any other name(s)

\* Phone Number  \* Email Address

Mailing Address

- i. Select the "Edit" button at the bottom right of the page.

**My Profile**

Person Information

\* First Name  Middle Name  \* Last Name

Have you ever used another name under which records relating to your application, education, training or experience may be filed?

Race  Ethnicity  Preferred Language  Are you a New Mexico Resident?

Date of Birth  Gender

Primary Phone No.  Business Phone No.

Identifier Type  Identifier Number

Mailing Address

Mailing Street

City  State/Province

Country  Zip Code  County (if in New Mexico)

[Save](#)

- ii. Enter in all relevant updated data and select "Save" at the bottom right when completed.

**My Profile**

Person Information

\*First Name Middle Name \*Last Name

Have you ever used another name under which records relating to your application, education, training or experience may be filed?

\*Race \*Ethnicity \*Preferred Language \*Are you a New Mexico Resident?

\*Date of Birth \*Gender

\*Primary Phone No Business Phone No

\*Identifier Type \*Identifier Number

Mailing Address

\*Mailing Street

\*City State/Province

Country \*Zip Code Country (If in New Mexico)

Cancel Save

- iii. You will need to restart your application to ensure the updated data is listed. Return to “Step 1: Commercial Establishment Application” to continue.

5. On the Establishment Information page, please complete all fields related to the establishment and ownership information.

**RLD Intake**

\* Establishment address is where you will be providing services to your clients.

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**Establishment Information**

\* Name of Establishment

Enter Organization Name

\* Please specify the ownership type

\* Specify details for each owner below. Sum of the ownership percentage for all records should be equal to 100%. If you need to view, edit or delete any records, click the down arrow under action for that specific record. If you need to view, edit or delete any records, click the down arrow under action for that specific record.

| Business Owner Name | Phone Number | Email | Ownership Percentage |
|---------------------|--------------|-------|----------------------|
|                     |              |       |                      |

Add New

Establishment Address

\* Establishment address is where you will be providing services to your clients.

\* Establishment Street \* Establishment City

\* Establishment Zip \* Establishment County

\* Establishment Country \* Establishment State

US New Mexico

\* Is the mailing address same as physical address mentioned above?

Yes

Save for later Previous Next

6. Once all relevant data has been entered, click “Next” to proceed.

**RLD Intake**

\* Establishment address is where you will be providing services to your clients.

**Establishment Information**

\* Name of Establishment

\* Please specify the ownership type

\* Specify details for each owner below. Sum of the ownership percentage for all records should be equal to 100%. If you need to view, edit or delete any records, click the down arrow under action for that specific record. If you need to view, edit or delete any records, click the down arrow under action for that specific record.

| Business Owner Name | Phone Number | Email | Ownership Percentage | Action |
|---------------------|--------------|-------|----------------------|--------|
|                     |              |       |                      |        |

**Establishment Address**

\* Establishment address is where you will be providing services to your clients.

\* Establishment Street

\* Establishment City

\* Establishment Zip

\* Establishment County

\* Establishment Country

\* Establishment State

\* Is the mailing address same as physical address mentioned above?

Yes

Save for later Previous **Next**

7. On the Questions page, please answer all questions accurately with the most recent information. Please provide any relevant details in the box below any questions marked with “Yes.” You are also required to upload any related documentation and other supporting documents on the Uploaded Documents page, later in this application.

**RLD Intake**

**Questions**

\* Do you certify that the establishment will have a chapel / room specifically used for gatherings, rituals and ceremonies, which shall be at least 600 square feet (inside wall to inside wall) in size, and shall:

1. Have the capacity for seating not less than 60 persons and for the proper display of a casket containing the deceased.
2. Have good ventilation.
3. Be entirely and completely separated from both the preparation room and the casket display room, except for entrances and exits having doors.

Yes  
No

\* Do you certify the establishment will have a casket display room which shall be not less than 450 square feet (inside wall to inside wall) in size and shall:

1. Contain burial caskets or a range of models and prices with not less than 12 different adult burial caskets or models normally displayed, and if models are displayed then the burial caskets shall be available and warehoused within 50 miles of the establishment.
2. Be adequately illuminated.
3. Any rental casket considered for interment or cremation services shall have written disclosure as previously used merchandise; consent form shall be provided and signed by the surviving spouse or next of kin.

Yes  
No

\* Do you certify that this establishment will have an office which is entirely enclosed by flooring, walls and ceiling, except for proper ventilation and entrances and exits having doors, and which is totally separate from the preparation room except for entrances and exits having doors.

Yes  
No

\* Do you certify that each funeral establishment shall: entirely complete a body tracking sheet which shall be kept in the deceased file; and obtain and maintain body transport record log at the time of which the deceased is transported to the establishment which shall be kept in the deceased file.

Yes  
No

\* Do you certify that said establishment shall have in charge, full-time therein, a licensed funeral service practitioner and conform to the rules outlined in 16.6A.4.10 NMAC.

Yes  
No

\* Funeral Service Practitioner(s)

If you need to view, edit or delete any records, click the down arrow under action for that specific record.

| First Name | Last Name | License Number | Action |
|------------|-----------|----------------|--------|
|            |           |                |        |

\* Do you certify that the establishment will have a a preparation room which shall be not less than 150 square feet (inside wall to inside wall) in size and shall:

1. Be equipped with a sanitary flooring of tile or other suitable hard, impervious surface;
2. Be equipped with necessary drainage, lighting and ventilation;
3. Be equipped with the equipment and supplies necessary to embalm and otherwise prepare the human dead for final disposition and transportation including running hot and cold water, embalming table, head/arm/foot block, embalming machine, aspirator, arterial tubes, trocar with hose, cavity fluid injector, metal drain tubes or spring forceps, aneurysm needles/hooks, suture, vascular clamps/locking forceps, hypo treatment needle, nasal aspirator, scalpel with sufficient blades, suture needles and suture thread, cotton, sufficient trocar buttons with applicator, soap, cosmetics, sealing powder, hardening compound, arterial and cavity fluid, and
4. Be entirely enclosed by flooring, walls and ceiling, except for proper ventilation and entrances and exits having doors.

Yes  
No

Save for later Previous **Next**

8. To complete the Questions page, select the “Next” button at the bottom right of the page.

**RLD Intake**

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**Questions**

\* Do you certify that the establishment will have a chapel / room specifically used for gatherings, rituals and ceremonies, which shall be at least 600 square feet (inside-wall-to-inside-wall) in size, and shall:

1. Contain burial caskets or a range of models and prices with not less than 12 different adult burial caskets or models normally displayed, and if models are displayed then the burial caskets shall be available and warehoused within 50 miles of the establishment.
2. Have good ventilation.
3. Be entirely and completely separated from both the preparation room and the casket display room, except for entrances and exits having doors.

☒ Yes  
☐ No

\* Do you certify the establishment will have a casket display room which shall be not less than 450 square feet (inside-wall-to-inside-wall) in size and shall:

1. Contain burial caskets or a range of models and prices with not less than 12 different adult burial caskets or models normally displayed, and if models are displayed then the burial caskets shall be available and warehoused within 50 miles of the establishment.
2. Be adequately illuminated.
3. Any rental casket considered for interment or cremation services shall have written disclosure as previously used merchandise; consent form shall be provided and signed by the surviving spouse or next of kin.

☒ Yes  
☐ No

\* Do you certify that this establishment will have an office which is entirely enclosed by flooring, walls and ceiling, except for proper ventilation and entrances and exits having doors, and which is totally separate from the preparation room except for entrances and exits having doors.

☒ Yes

\* Do you certify that each funeral establishment shall: entirely complete a body tracking sheet which shall be kept in the deceased file, and obtain and maintain body transport record log at the time of which the deceased is transported to the establishment which shall be kept in the deceased file.

☒ Yes

\* Do you certify that said establishments shall have in charge, full-time therein, a licensed funeral service practitioner and conform to the rules outlined in 16.64.4.10 NMAC.

☒ Yes

\* Funeral Service Practitioner(s)

If you need to view, edit or delete any records, click the down arrow under action for that specific record.

| First Name | Last Name  | License Number | Action |
|------------|------------|----------------|--------|
| [REDACTED] | [REDACTED] | [REDACTED]     | ▼      |

☒ Yes

Save for later

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9. On the Upload Documents page, attach all requested and relevant documents to their designated column if required.

**RLD Intake**

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- Upload Documents**
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**Upload Documents**

| Document Name              | Document Description                                                     | Upload a New File                                                                     | Uploaded Files | Delete |
|----------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------|--------|
| Other Supporting Documents | Any supporting documents that could assist in review of the application. |  |                |        |

Save for later

Previous **Next**

- a. Select the blue upload icon in each section to upload a document.

**RLD Intake**

- ✓ Introduction
- ✓ Basic Information
- ✓ Establishment Information
- ✓ Questions
- **Upload Documents**
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**Upload Documents**

| Document Name              | Document Description                                                     | Upload a New File                                                                   | Uploaded Files | Delete |
|----------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------|--------|
| Other Supporting Documents | Any supporting documents that could assist in review of the application. |  |                |        |

Save for later

Previous

Next

- b. Review the document size and type requirements before uploading, then select the Upload File button.

**Upload**

Please attach a copy of the required document.

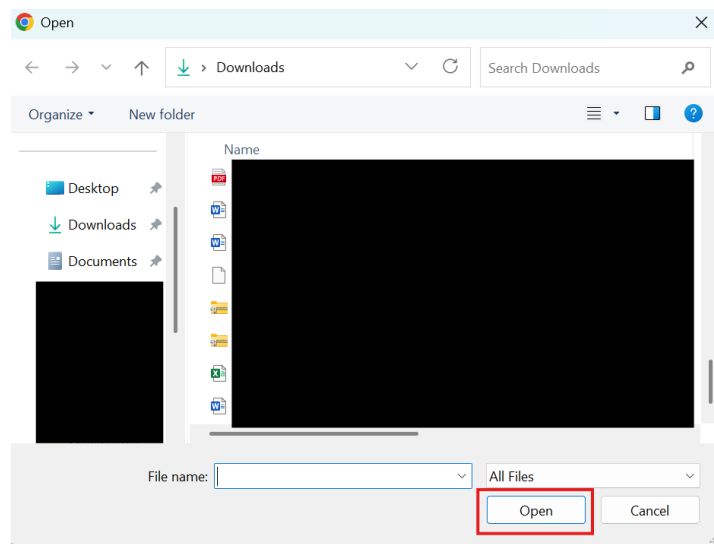
Note that:

- 1. File size should not exceed 10MB.
- 2. File extensions will be accepted only of type doc, docx, pdf, png, tiff, jpg, jpeg, tsv, xls.
- 3. Documents may be uploaded as individual files or as a single merged file on the next page.

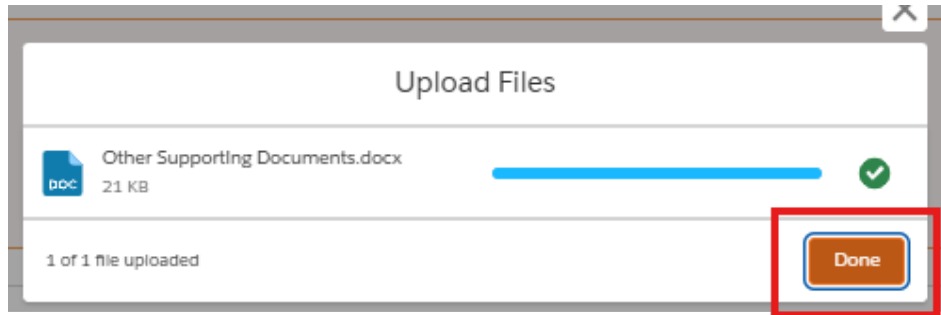
 



- c. Select the appropriate document from your files and then select “Open”



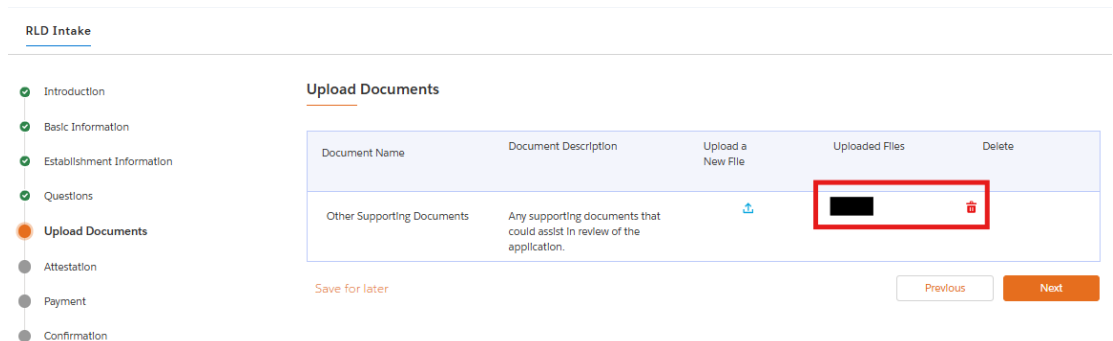
- d. The file will notify you when it's completed. Select the “Done” button when it's completed.



- e. You will be able to see your document added and can then select the “Close” option.



- f. You will be able to see the documents in each section once you have completed the uploads.



- g. Once all documents are added, select the orange “Next” button.

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- Introduction
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- Upload Documents**
- Attestation
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- Confirmation

**Upload Documents**

| Document Name              | Document Description                                                     | Upload a New File | Uploaded Files | Delete |
|----------------------------|--------------------------------------------------------------------------|-------------------|----------------|--------|
| Other Supporting Documents | Any supporting documents that could assist in review of the application. |                   |                |        |

Save for later

Previous **Next**

10. On the Attestation page, review the statement on the screen. Then select the checkbox to certify your agreement. After, enter your name and select the “Next” button at the bottom right.

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**Attestation**

Application Attestation

☐ I hereby certify that I am the person described and identified in this application; this application contains no willful misrepresentation; and the information given by me is true and complete to the best of my knowledge and belief. I further certify I will, upon receipt, read the Body Art Safe Practice Act and Rules and fully understand that I bind myself to be governed by them.

\* Applicant Name  Date

Save for later

Previous **Next**

11. On the Payment page, review the notice before making any selections.

**RLD Intake**

- Introduction
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**Payment**

Select your mode of payment and click “Pay and Submit” to input your payment information. Payments made with a Visa or Mastercard will be charged a 2.5% transaction fee. This is a fee imposed directly by the bank, and no portion of the fee is paid to or collected by the RLD. Payments made by e-check will not result in any transaction fee.

Note: Only select “Operating Transfer” if your fee will be paid by another New Mexico state agency and you have received formal confirmation from the agency that it is transferring the funds to RLD through an operating transfer. Renewals will not be approved until an operating transfer is confirmed by RLD. If this option is selected, users can bypass the fee payment.

\* Mode of Payment

The amount to be paid is \$

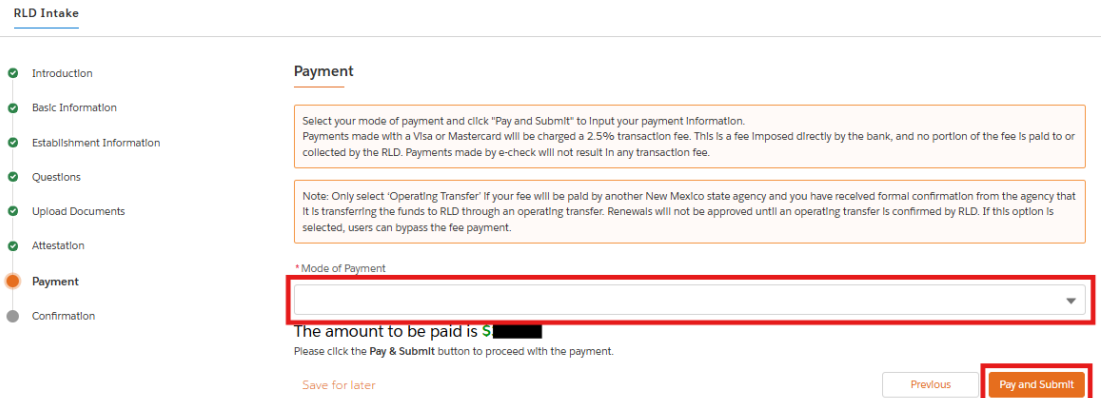
Please click the **Pay & Submit** button to proceed with the payment.

Save for later

Previous **Pay and Submit**

- Select a Mode of Payment then the “Pay and Submit” button. When selecting either Credit Card (Visa or Mastercard) or E-Check as your payment method, a new tab will open directing you to the Cybersource Payment Gateway screen. Please disable any pop-up blockers to ensure the page opens correctly in the new tab.

- b. *Note: Payment is a separate system and your credit card info is not stored or saved by RLD. Cybersource is a SoNM billing platform, and this is not phishing or other malware. Upon payment completion, you will receive a payment receipt to the email address you have entered in the Payment Gateway.*



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**Payment**

Select your mode of payment and click "Pay and Submit" to Input your payment Information.  
Payments made with a Visa or Mastercard will be charged a 2.5% transaction fee. This is a fee Imposed directly by the bank, and no portion of the fee is paid to or collected by the RLD. Payments made by e-check will not result in any transaction fee.

Note: Only select 'Operating Transfer' if your fee will be paid by another New Mexico state agency and you have received formal confirmation from the agency that it is transferring the funds to RLD through an operating transfer. Renewals will not be approved until an operating transfer is confirmed by RLD. If this option is selected, users can bypass the fee payment.

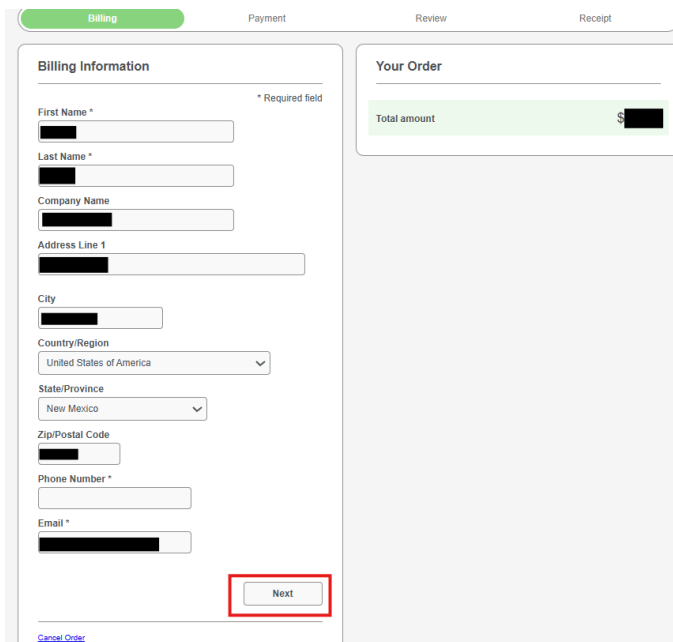
\* Mode of Payment

The amount to be paid is \$ [redacted]

Please click the **Pay & Submit** button to proceed with the payment.

Save for later Previous **Pay and Submit**

- c. Ensure all required fields are completed and click "Next" button to proceed through entire payment.



**Billing** Payment Review Receipt

**Billing Information**

\* Required field

First Name \*

Last Name \*

Company Name

Address Line 1

City

Country/Region

United States of America

State/Province

New Mexico

Zip/Postal Code

Phone Number \*

Email \*

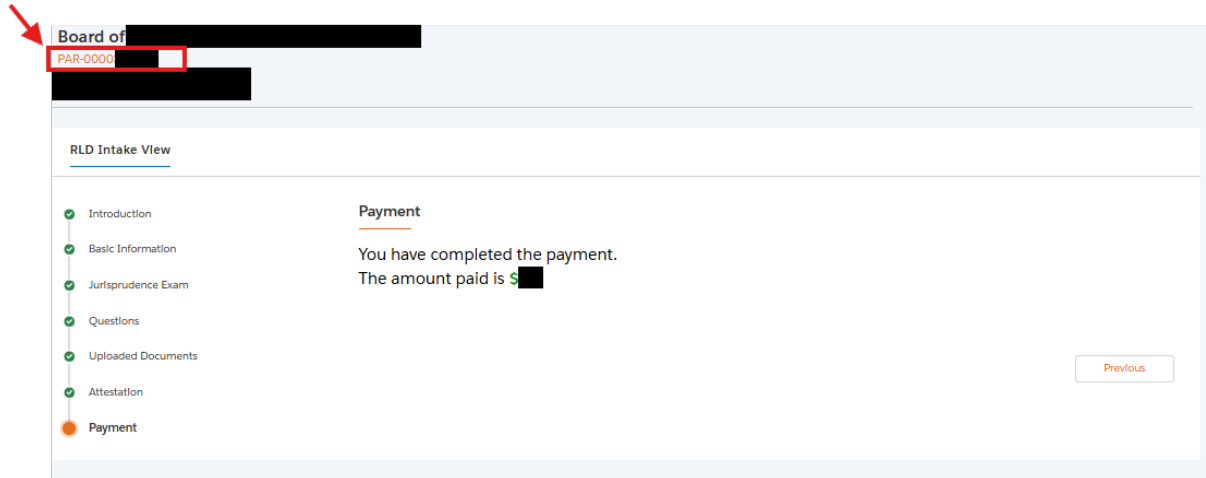
**Next**

Cancel Order

**Your Order**

Total amount \$ [redacted]

12. Once your payment is completed, your application is now complete and will be submitted for approval. To check the status of your application, please contact your board or division directly. Please be sure to reference your application number, which begins with **PAR-** and can be found at the top of your application.



Board of [redacted]  
PAR-0000 [redacted]

**RLD Intake View**

Introduction  
Basic Information  
Jurisprudence Exam  
Questions  
Uploaded Documents  
Attestation  
**Payment**

**Payment**  
You have completed the payment.  
The amount paid is \$[redacted]

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13. On the home page, the application will appear under My Applications with **Submitted** status.

**Licenses & Applications**

**My Applications**

| Application ID      | License Type | Application Type | Applied Date | Status           | Action                                                |
|---------------------|--------------|------------------|--------------|------------------|-------------------------------------------------------|
| PAR-0000 [redacted] | [redacted]   | New              | 10/7/2025    | Draft            |                                                       |
| PAR-0000 [redacted] | [redacted]   | New              | 7/29/2025    | Draft            |                                                       |
| PAR-0000 [redacted] | [redacted]   | New              | 7/28/2025    | <b>Submitted</b> | <a href="#">View</a> <a href="#">Review Checklist</a> |

[View All](#)