



Board of Funeral Services

Direct Disposer Establishment

Application Manual

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Application for Direct Disposer Establishment

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

Direct Disposer Establishment

Direct Disposer 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.

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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.

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/. 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.

warning.png

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 Please note all fees are non-refundable even if the application is denied or withdrawn.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

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Save for later

Next

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



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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

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

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[My Profile](#)

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▼ **Mailing Address**

*Mailing Street

*Mailing City *Mailing State

Mailing County (if in New Mexico) *Mailing Zip

*Mailing Country

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



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Basic Information

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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

- 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 tied?		
Race	Ethnicity	Preferred Language
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)

Edit

- 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

SSN

▼ **Mailing Address**

*Mailing Street

*City State/Province

Country *Zip Code Country (If in New Mexico)

- iii. You will need to restart your application to ensure the updated data is listed. Return to “Step 1: Direct Disposer 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

*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

▼ **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

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.

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Establishment Information

* Name of Establishment
[Redacted]

* Please specify the ownership type
[Redacted]

* 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	
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Down Arrow]

[Add New](#)

▼ Establishment Address

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

* Establishment Street
[Redacted]

* Establishment City
[Redacted]

* Establishment Zip
[Redacted]

* Establishment County
[Redacted]

* Establishment Country
US

* Establishment State
New Mexico

* 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.

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Questions

* 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 the establishment will have a room for sheltering dead human bodies which 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. Have a refrigeration unit thermostatically controlled with a minimum storage area of 12 and one-half cubic feet per body.
4. Be entirely enclosed by flooring, walls and ceiling, except for proper ventilation and 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

* Will this establishment contain burial caskets or a range of models?
☐ 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 16.64.4.10 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
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[Add New](#)

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

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



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Questions

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* Funeral Service Practitioner(s)

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

Add New			
First Name	Last Name	License Number	Action
██████	██████	██████	▼

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.

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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.			

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

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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

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- 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.

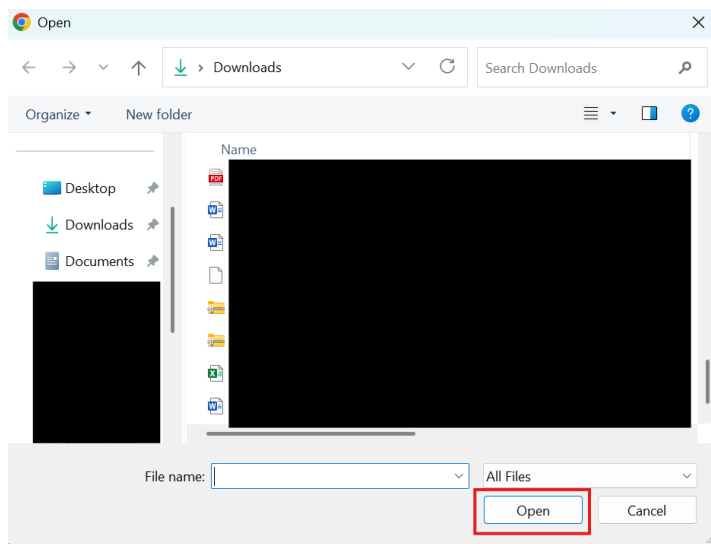
Note that:

- 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.

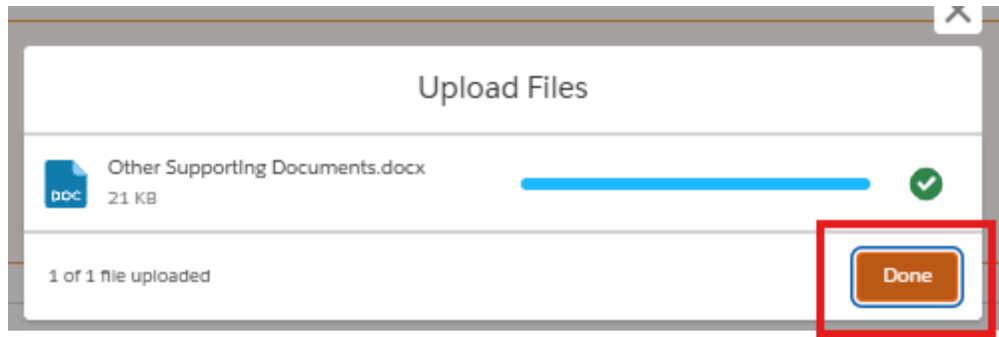
 Upload File  Drop File

Done

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



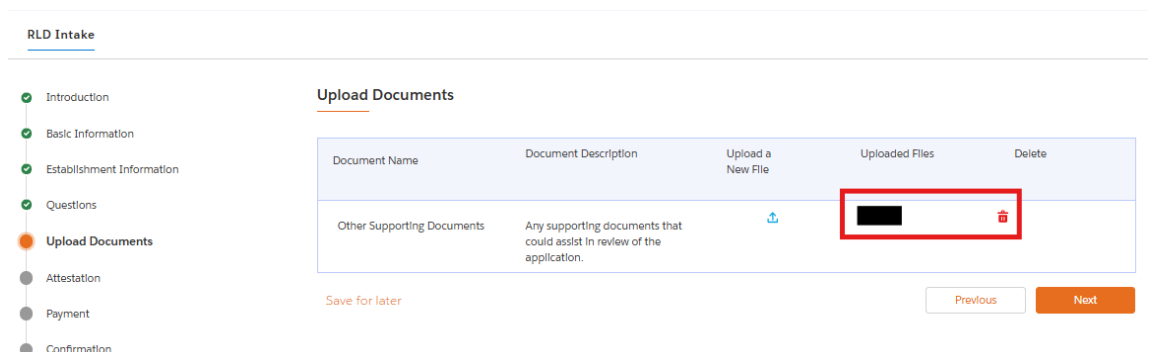
- d. The file will notify you when it's completed. Select the “Done” button when it's completed.



- 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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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.			

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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

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

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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**

- a. 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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* 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]

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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	Submitted	View Review Checklist

[View All](#)