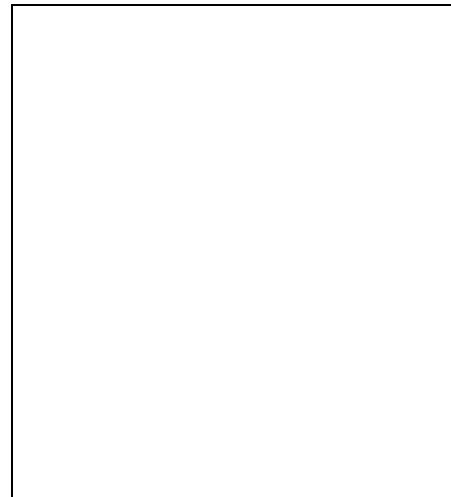




Department of Commerce, Community, and Economic Development
 Division of Corporations, Business and Professional Licensing
 Regulation of Morticians
 P.O. Box 110806, Juneau, Alaska 99811-0806
 Phone: (907) 465-2691 ★ E-mail: license@alaska.gov
 Website: www.commerce.state.ak.us/occ/pmor.htm

BIENNIAL FUNERAL ESTABLISHMENT PERMIT RENEWAL

January 1, 2011 – December 31, 2012



IT IS TIME TO RENEW YOUR FUNERAL ESTABLISHMENT PERMIT

Your Funeral Establishment permit in the State of Alaska expires on December 31, 2010. It is illegal for you to practice if your permit has expired. There is no grace period. To renew your permit for the period January 1, 2011, through December 31, 2012, return this **signed** application to the above address with a check or money order payable to the State of Alaska, or use the attached credit card payment form. **Faxed or emailed applications will not be accepted.** This is the only renewal notice you will receive. An incomplete application or insufficient fee will result in your renewal being rejected.

CHANGE OF OWNERSHIP/ ENTITY

Professional licenses are not transferable. Change of entity, such as sole proprietorship to partnership or corporation, requires a new license application.

EXPIRED LICENSES

There is no "inactive" license status. Licenses which have expired more than five years cannot be renewed.

PUBLIC INFORMATION

Please be aware that all information on this renewal form will be available to the public unless required to be kept confidential by state or federal law.

BUSINESS LICENSES

Renewal applications for business licenses will be mailed separately. For more information about business licenses, call (907) 465-2550.

STATUS CHECK

Information about current licensees, including mailing addresses, is available from the Division's website at www.commerce.state.ak.us/occ under "License Search."

CHECK APPROPRIATE FUNERAL ESTABLISHMENT LICENSE STATUS BOX

To determine your applicable renewal fee, refer to your license number on the mailing label of this form.

Funeral Establishment License Number 1 through 390

Renewal fee \$175.00

Funeral Establishment License Number 391 and above

Renewal fee \$87.50

Type of Business: Sole Proprietor Partnership Corporation Federal EIN #: _____

Business Name: _____

Corrected Mailing Address (complete only if your address is different than the address label shown above):

_____ Street or P.O. Box _____ City _____ State _____ ZIP Code

Physical Address: _____ Street _____ City _____ State _____ ZIP Code

Daytime Telephone #: _____ License #: _____

Email Address (optional): _____

ESTABLISHMENT OWNERS:

| Name of Owner(s) | Social Security # | Date of Birth |
|------------------|-------------------|---------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |

A funeral establishment permit is valid for only one specific location. Does each establishment owned by you have a separate funeral establishment permit? Yes No

DISCIPLINARY/INVESTIGATIONS/PROFESSIONAL FITNESS QUESTIONS:

The following questions must be answered. "Yes" answers may not automatically result in license denial.

Since the date of your last application for an Alaska funeral establishment permit, has the establishment, or any owner, partner, or corporate officer of the establishment:

| | <u>YES</u> | <u>NO</u> |
|---|--------------------------|--------------------------|
| 1. Had a professional license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you hold in any jurisdiction including Alaska and including that of any military authorities or is any such action pending?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including a conviction involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you aware of any investigations against you OR your establishment, in any State, jurisdiction, or in Canada?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you violated a state law or regulation, municipal ordinance or regulation, or federal law or regulation affecting the disposition of a dead human body, or contracts relating to services provided at your establishment?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you provided services illegally?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you failed to comply with a Division order?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are your rights to obtain or exercise the privileges granted by an establishment license currently revoked or suspended in this state, another state, or in Canada?..... | <input type="checkbox"/> | <input type="checkbox"/> |

A "Yes" answer may not prejudice your application, failure to report honestly may. If you answered "yes" to any of the above questions please explain dates, locations and circumstances on a separate piece of paper. Also, submit any/all supporting documents that are applicable (court records, Board actions, investigation notices, etc.)

ESTABLISHMENT EMPLOYEES:

Names of employees. Include license numbers where applicable. If space is not sufficient, attach a separate sheet.

| Name of Employee | License Number (if applicable) | Employed As |
|------------------|-----------------------------------|-------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

The establishment named above is under the active management of _____,
 Funeral Director License Number _____, at _____
Physical Location

CERTIFICATION PER AS 08.42.100

Read the statement below and check one:

I verify that I have read AS 08.42.090 and 08.42.100 attached to this renewal form and I verify in accordance with AS 08.42.100 that persons involved in operating this funeral establishment, or with that person's knowledge or consent, have not violated a provision of AS 08.42.090.

- 1. Yes, the statement above is true and correct.
- 2. No, the statement is not correct. I have attached an explanation to this application.

WARNING: The Department may deny, suspend, or revoke the license of a person who has obtained or attempted to obtain a Funeral Establishment permit by fraud or deceit. The person may also be subject to criminal charges for unsworn falsification. (AS 11.56.210).

I certify that the information in this application is true and correct.

SIGN HERE 

_____ Date
 Applicant's Signature

NOTIFICATION OF PROPOSED REGULATIONS CHANGES

If you would like to receive notice of all proposed Mortuary Science regulation changes, please send a written request adding your name to the Mortuary Science Interested Parties List to:

REGULATIONS SPECIALIST
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
P.O. Box 110806, Juneau, Alaska 99811-0806

SELECTED PERTINENT STATUTES
CHAPTER 42.
MORTICIANS.

Sec. 08.42.090. Grounds for refusal to issue or renew licenses and suspension or revocation of licenses. When the department has reason to believe that an applicant or licensee has been guilty of any of the following acts or omissions, it may conduct an investigation, and the department may, after proper hearing and notice in accordance with AS 44.62 (Administrative Procedure Act), refuse to issue, refuse to renew, or may suspend or revoke, a license upon a finding by the department of any of the following acts or omissions:

- (1) fraud or misrepresentation in obtaining a license;
- (2) misrepresentation or fraud in the practice of mortuary science;
- (3) false or misleading advertising;
- (4) aiding or abetting an unlicensed person to practice mortuary science;
- (5) using a casket or part of a casket which has previously been used as a receptacle for the burial or other final disposition of another dead human body;
- (6) refusing to promptly surrender the custody of a dead human body upon the order of the person lawfully entitled to custody;
- (7) solicitation of a dead human body by the licensee, the licensee's agents, servants or employees, if solicitation occurs after death, or while death is impending but this does not prohibit advertising or sales made on a pre-need basis;
- (8) employment by a licensee of any person for the purpose of calling upon individuals or institutions to influence them to turn over a dead human body to a particular licensee immediately before an impending death or after death;
- (9) the direct or indirect payment or offer of payment for the purpose of obtaining a dead body by the licensee, the licensee's agents, servants or employees immediately before an impending death or after death;
- (10) immediately before impending death or after death, solicitation or acceptance by a licensee of any payment for recommending or causing a dead human body to be disposed of in a specific crematory, mausoleum or cemetery; however, this section does not prevent the recommendation or solicitation for sales of space or merchandise in a specific crematory, mausoleum or cemetery, if the licensee has an ownership interest in the specific crematory, mausoleum or cemetery and the ownership interest is disclosed at the time of the solicitation, recommendation or sale;
- (11) violation of a state law or regulation or municipal ordinance or regulation or federal law or regulation affecting the disposition of a dead human body, or contracts relating to the disposition of a dead human body;
- (12) violation of any of the provisions of this chapter;
- (13) conviction of a felony involving moral turpitude.

Sec. 08.42.100. Funeral establishment permit. After January 1, 1977, a person may not conduct, maintain, manage, or operate a funeral establishment unless a permit for each establishment has been issued by the department and is conspicuously displayed in the funeral establishment. Each permit is valid only for one specific location, and each firm operating from the same funeral establishment shall obtain a separate permit. The department shall issue a permit to operate a funeral establishment upon application for the permit on a form provided by the department. All permits expire at the time established under AS 08.01.100 and may be renewed for successive terms. Violation of a provision of AS 08.42.090 by a person operating a funeral establishment or, with that person's knowledge or consent, by an employee is considered sufficient cause for suspension or revocation of the funeral establishment permit.



State of Alaska
 Department of Commerce, Community, and Economic Development
 Division of Corporations, Business and Professional Licensing
 PO Box 110806, Juneau, Alaska 99811-0806
 Phone: (907) 465-2550
 Fax: (907) 465-2974

OFFICE USE ONLY

CREDIT CARD PAYMENT

For security purposes, please **do not email or fax** credit card information. Mail this form with the completed renewal to the Division. Completion of this form is not proof of payment until the division processes the information contained herein. If any information on this form is illegible, the form will be rejected. Please print.

Name of Applicant or Licensee: _____
Corporate or Individual (first, middle, last)

License Number (if applicable): _____

Type of License: _____

I wish to make payment by credit card for the following (check all that apply):

- | | Amount |
|---|--------|
| <input type="checkbox"/> Application fee | _____ |
| <input type="checkbox"/> License (or renewal) fee | _____ |
| <input type="checkbox"/> Fine | _____ |
| <input type="checkbox"/> Other (specify): _____ | _____ |
| Total: | _____ |

Print Name on Credit Card: _____

Complete Mailing Address: _____

Telephone Number: _____

Email Address (optional): _____

Credit Card Type (check one): VISA MASTERCARD

Signature of Credit Card Holder: _____

Card Number: _____ **Expiration Date:** _____

The bottom section of this form will be destroyed upon processing of the payment.