

**STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**

APPLICATION FOR LICENSURE

**FUNERAL SERVICE ESTABLISHMENT and
PRENEED FUNERAL ARRANGEMENT PROVIDER**

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, **submit a complete application form including all applicable supporting documents and fees.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

Address of Record: The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record. Do not rely on a forwarding order.

SUPPORTING DOCUMENTS AND FEES:

In addition to submitting a completed application, complete the following:

1. Submit proof of registration or good standing of your business name, such as D.B.A. name registration or corporate or limited liability company standing with the Utah Division of Corporations, located in the Heber Wells Building, 160 East 300 South, Salt Lake City, Utah, phone number (801) 530-4849.
2. Submit a **\$250.00** non-refundable application-processing fee, made payable to "DOPL."
3. Submit a copy of all forms of contracts or agreements that you will use in the sale of preneed funeral arrangements. If you intend to sell preneed funeral arrangement contracts by use of insurance, provide a copy of your insurance license. Annual reports do not need to be submitted to DOPL, but must meet the requirements outlined in R156-9-616.

ADDITIONAL IMPORTANT INFORMATION:

1. **Law Examination:** Enclosed as part of this application is the take-home Utah Funeral Service Law Examination. Return the completed examination with your application for licensure. Do not submit it separately.

The following applicable laws and rules are available on the Internet at www.dopl.utah.gov:

- ❑ Division of Occupational and Professional Licensing Act
- ❑ General Rules of the Division of Occupational and Professional Licensing
- ❑ Funeral Services Licensing Act
- ❑ Funeral Services Licensing Act Rules

2. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to www.dopl.utah.gov to ensure you have the most recent version of these documents.
3. **Licensed Funeral Service Director:** In order to maintain a funeral service establishment license, the establishment must maintain at all times a licensed funeral service director.
4. **License Renewal:** All funeral service licenses expire May 31 of each even-numbered year.

Unlike many other states, Utah’s license renewal schedule **is not** based on the licensee’s date of initial licensure. Under Utah’s renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee’s first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Approximately two months prior to the expiration date shown on the license, renewal information is disseminated to each licensee’s last address of record, as provided to DOPL.

5. **Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive renewal notices or other correspondence. Address changes can be made online at www.dopl.utah.gov.
6. **Acceptable Forms of Payment:** Licensure fees can be paid by check or money order, made payable to “DOPL.” Cash and debit/credit cards (*American Express, MasterCard, and Visa*) are also accepted in person at DOPL’s main office – but not over the telephone.
7. **Submit Completed Application to:**

By U.S. Mail	Division of Occupational & Professional Licensing P.O. Box 146741 Salt Lake City UT 84114-6741
By Express Mail or In Person	Division of Occupational & Professional Licensing 1 st Floor Lobby 160 E 300 S Salt Lake City UT 84111-2305

8. **Telephone Numbers:** (801) 530-6628 or (866) 275-3675 – Toll-free in Utah

APPLICATION FOR LICENSURE

[Fee \$250.00]

The business legal name is the name that will appear on the registration. If the applicant for registration is a business entity, this is normally the name registered with the Division of Corporations. If there is a fictitious business name (*doing business as*), list that name also, e.g., XYZ Corporation d.b.a. XYZ Accounting. If the applicant is a branch office which is not required to be separately registered with the Division of Corporations, list that office also, e.g., XYZ Corporation, Salt Lake Office.

GENERAL INFORMATION:

License Applying For: Funeral Service Establishment & Preneed Funeral Arrangement Provider

BUSINESS LEGAL NAME: _____

FEDERAL ID NUMBER: _____

MAILING ADDRESS:

Street: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

ADDRESS AND TELEPHONE OF EMBALMING, VIEWING, OR PREPARATION LOCATION IF DIFFERENT FROM MAILING ADDRESS:

Street: _____

City: _____ State: _____ Zip: _____

Telephone: _____

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

Date License/Certificate Approved: ___/___/___

Approved By: _____

Date License/Certificate Denied: ___/___/___

Denied By: _____

Reason for Denial/Other Comments: _____

ORGANIZATION TYPE:

Corporation

Corporate Name: _____

Utah Corporation Number: _____

Date of Incorporation: ___/___/___

Utah Certificate of Authority Number: _____

Partnership

Name of Partnership: _____

General Limited

Date of Partnership Agreement: ___/___/___

Sole Proprietorship

Name of Proprietor: _____

Limited Liability Company

Utah Limited Liability Number: _____

Date Organized and Filed: ___/___/___

Other Type of Business Form: _____

AFFIDAVIT FOR UTAH LAWS AND RULES

I understand that it is my responsibility to read and understand all statutes and rules pertaining to my funeral service practice in Utah and I agree to comply with such.

Signature of Applicant: _____ Date: ___/___/___

IDENTIFYING INFORMATION FOR ORGANIZATION:

Funeral Directors Full Name: _____

Funeral Director License Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Supply the identifying information below for all corporate stockholders, limited liability company members, partnership general and limited partners, and proprietorship owner.
(Use additional sheets if necessary.)

Full Name: _____ **Percent Owned:** _____

Funeral Director License Number: _____ **State:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Social Security Number: _____ **Date of Birth:** ___/___/___

Full Name: _____ **Percent Owned:** _____

Funeral Director License Number: _____ **State:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Social Security Number: _____ **Date of Birth:** ___/___/___

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FUNERAL SERVICE QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. _____ Has the applicant or any officer, director, partner, proprietor, manager, or funeral service director associated with or employed by the applicant ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. _____ Has the applicant or any officer, director, partner, proprietor, manager, or funeral service director associated with or employed by the applicant ever been denied the right to sit for a licensure examination?
3. _____ Has the applicant or any officer, director, partner, proprietor, manager, or funeral service director associated with or employed by the applicant ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. _____ Has the applicant or any officer, director, partner, proprietor, manager, or funeral service director associated with or employed by the applicant ever been permitted to resign or surrender a license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending by any profession licensing agency or criminal or administrative jurisdiction?
5. _____ Is the applicant or any officer, director, partner, proprietor, manager, or funeral service director associated with or employed by the applicant currently under investigation or is any disciplinary action pending against such now by any licensing agency or governmental agency?
6. _____ Is any action now pending against the applicant or any officer, director, partner, proprietor, manager, or funeral service director associated with or employed by the applicant by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
7. _____ If licensed in the occupation/profession for which you are applying, would the applicant or any officer, director, partner, proprietor, manager, or funeral service director associated with or employed by the applicant pose a direct threat to himself, to your clients, or to the public health, safety, or welfare because of any circumstance or condition?

(Continued on the next page.)

8. _____ Has the applicant or any officer, director, partner, proprietor, manager, or funeral service director associated with or employed by the applicant ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
9. _____ Has the applicant or any officer, director, partner, proprietor, manager, or funeral service director associated with or employed by the applicant ever been terminated from a position because of drug use or abuse?
10. _____ Is the applicant or any officer, director, partner, proprietor, manager, or funeral service director associated with or employed by the applicant currently using or has any recently (*within 90 days*) used any drugs (*including recreational drugs*) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
11. _____ Has the applicant or any officer, director, partner, proprietor, manager, or funeral service director associated with or employed by the applicant ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which he has not successfully completed or is not now participating in a supervised drug rehabilitation program, or for which he has not otherwise been successfully rehabilitated?
12. _____ Has the applicant or any officer, director, partner, proprietor, manager, or funeral service director associated with or employed by the applicant ever had a documented case as the abuser in any incident of verbal, physical, mental, or sexual abuse?
13. _____ Does the applicant or any officer, director, partner, proprietor, manager, or funeral service director associated with or employed by the applicant currently have any criminal action pending?
14. _____ Has the applicant or any officer, director, partner, proprietor, manager, or funeral service director associated with or employed by the applicant pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
15. _____ Has the applicant or any officer, director, partner, proprietor, manager, or funeral service director associated with or employed by the applicant ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?

(Continued on the next page.)

16. _____ Has the applicant or any officer, director, partner, proprietor, manager, or funeral service director associated with or employed by the applicant, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (*i.e. plea in abeyance or deferred sentence*)?
17. _____ Has the applicant or any officer, director, partner, proprietor, manager, or funeral service director associated with or employed by the applicant ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?



If you answered “yes” to questions 13, 14, 15, 16, or 17 above, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.



If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A “yes” answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

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UTAH FUNERAL SERVICE LAW EXAMINATION

Answer each question. Do not leave any questions blank.

1. _____ Replacing body fluids in a dead human body with preserving and disinfecting chemicals is:
 - A) Calcination
 - B) Mummification
 - C) Embalming
 - D) Entombing

2. _____ After an intern is determined to have sufficient experience, direct supervision is no longer required during the remainder of the internship.
 - A) True
 - B) False

3. _____ How much time does a provider or sales agent have to deposit cash payments for the purchase of a pre-need funeral arrangement?
 - A) 10 business days
 - B) 10 calendar days
 - C) 7 business days
 - D) 7 calendar days

4. _____ The number of embalmings required for an intern's completion of the internship before qualification for licensure as a Funeral Director is:
 - A) 20
 - B) 30
 - C) 40
 - D) 50

5. _____ Any goods or services selected in the preneed contract which are not provided at the time of need, and any earnings accumulated become the property of the sales agent or funeral service director?
 - A) True
 - B) False

6. _____ Each funeral service establishment shall maintain an annual report of preneed trust funds and insurance?
 - A) True
 - B) False

(Continued on the next page.)

7. _____ It is the responsibility of the funeral service intern to notify the division of any change in the intern's supervising funeral service director?
- A) True
B) False
8. _____ A funeral service director may supervise more than one intern at any given time?
- A) True
B) False
9. _____ A funeral service intern may be denied further licensure if the internship period lasts longer than 4 years?
- A) True
B) False
10. _____ Failing to accurately document, report and supervise the activities of a funeral service intern is considered "Unprofessional Conduct"?
- A) True
B) False
11. _____ Within each 2 year licensing period, a funeral service director is required to complete 20 hours of continuing education?
- A) True
B) False
12. _____ Paying a hospice worker, police officer, nurse or doctor to secure a deceased human remain for disposition is "Unprofessional Conduct"?
- A) True
B) False

AFFIDAVIT and RELEASE AUTHORIZATION

I am authorized to sign this Affidavit and Release Authorization on behalf of the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

The applicant is qualified in all respects for the license, certificate, or registration for which it is applying in this application.

To the best of applicant's knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact. To the best of applicant's knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

Applicant will ensure that any information subsequently submitted to the Division of Occupational and Professional Licensing in conjunction with this application or its supporting documents meet the same standard as set forth above.

Applicant understands that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division of Occupational and Professional Licensing or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

Applicant understands that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate the applicant's qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: _____

Date of Signature: ___/___/___

Printed Name of Applicant: _____