**APPLICATION FOR REGISTERED CREMATORY OPERATOR PERMIT**

**(Non-Refundable Permit Application Fee-$300.00)**

**Type of Application:** (Please check one) Initial Permit

Renewal of Permit

Registration Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In accordance with Executive Order 01.01.1983-18, the Department of Labor is required to provide you with the following information relative to the collection and utilization of your personal information:

Personal information requested by the licensing agency of the Department is necessary in order to determine your eligibility for registration. Such personal information is also used to verify the applicant’s identity and to facilitate communication with the applicant, in a timely manner, should the need arise. The applicant has a right to inspect his personal record and to amend or correct the personal data if necessary.

Personal information is generally available for inspection by the public only in accordance with the Public Information Act. Personal information is not routinely shared with state, federal or local governmental agencies.

**Please review and provide the required information below: (*Print Legibly or Type*)**

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|  | **Applicant’s Personal Information** |
| 1. **Full Name**   (Last, First and Middle ) |  |
| 1. **Address**   (Post Office Box not accepted) | (City) (County ) (State) ( Zip-Code) |
| 1. **Email** |  |
| 1. **Phone #**   (Home & Cell-(XXX-XXX-XXXX) |  |
| 1. **Fax #** |  |
| 1. **Date of Birth**   (Month/Day/Year) |  |
| 1. **Social Security Number**   (XXX-XX-XXXX) |  |
|  | **Affiliated Crematory Information** |
| 1. **Name of Crematory** |  |
| 1. **Name of Responsible Party** |  |
| 1. **Address of Crematory** | (City) (County ) (State) ( Zip-Code) |
| 1. **Phone # of Crematory** |  |
| 1. **Fax # of Crematory** |  |
| 1. **Email of Crematory** |  |
| 1. **Permit Number of Crematory** |  |
|  | **Employment Information** |
| 1. **Last (3) Employers Beginning with the Most Recent** | **Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Street Address/City/County/State/Zip)  **Dates of Employment:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (**Start date** (Month/ Year) / **End date** (Month/ Year) |
|  | **Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Dates of Employment:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (**Start date** (Month/ Year) / **End date** (Month/ Year) |
|  | **Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Dates of Employment:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (**Start date** (Month/ Year) / **End date** (Month/ Year) |
| 1. **Crematory Operator**   **Proof of Certification Training**  **\*\*(Attachment Required)\*\*** | **Check the organization from which you obtained your Crematory Operator’s Certification:**  **\_\_ (1) The Cremation Association of North America (CANA);**  **\_\_ (2) The International Cemetery, Cremation and Funeral Association (ICCFA); or**  **\_\_ (3) Another equivalent body recognized by the Office and the State Board of Morticians.**  If (3) Selected provide Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date of Certification:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  (Month/Day/Year) |
| 1. **Crematory Operator Proof of Manufacturer’s Training**   (Cremator must be located in the Crematory with which the applicant is affiliated) | **Manufacturer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Other Maryland Death Care Industry Licenses, Registrations or Permits**   (Provide: Type, Issue Year & Expiration Year) |  |
| 1. **Other Maryland Licenses, Registrations or Permits**   (Provide: Type, Issue Year & Expiration Year) |  |
| 1. **Other Out-of-State Professional Licenses, Registrations or Permits**   (Provide: Type, Issue Year & Expiration Year) |  |
|  | **Questions** |
| 1. **Check either YES or NO**   \*\*(For each YES answer, attach a detailed explanation and Copies of Any and All Court or State Records)\*\* | |  |  |  | | --- | --- | --- | | **YES** | **NO** |  | |  |  | Have you ever had this type of license, certification, registration or permit denied, suspended, or revoked by Maryland or any jurisdiction? | |  |  | Have you ever been convicted of a felony or misdemeanor in any State or Federal Court? | |  |  | Have you ever been found guilty by a Court in this State of violating an unfair and deceptive trade practices provision under Title 13 of the Commercial Law Article? | |
| 1. (Must be completed by all Applicants) | **Affirmation** |

I hereby affirm, under penalties of law, that all statements made on this application and supplementary forms, which are attached, are true and correct to the best of my knowledge, information and belief.

I hereby affirm that the applicant has paid all undisputed Federal or State taxes or fees and unemployment insurance contributions payable to the Comptroller or the Department of Labor or has provided for payment in a manner satisfactory to the unit responsible for collections.

I hereby attest to the fact that I have the ability to read and write.

I authorize an investigation of all statements, as well as issues relative to my personal character, reputation and background which may include contact with former employers, acquaintances, references, credit records, criminal records, motor vehicle records or other similar investigatory materials. I further authorize the release of any information contained within this application to an authorized representative of the Department of Labor for further investigation.

I understand that any misrepresentation or omission of fact on this application and supplementary forms may be cause for refusal to issue a registration to provide crematory goods or services in Maryland.

I agree to comply with the Maryland statutes and regulations relating to Crematories.

**I further understand that it is my responsibility, pursuant to the above cited to notify the Office of any change of information in this application, occurring either prior or subsequent to the issuance of the license, within one week of the date of the change.**

**Applicant’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Employer’s Affirmation of Employment:**  I hereby affirm that the above applicant is employed by the above stated crematory business, and request that this application be processed.  **(Name of Responsible Party of the Crematory Business)**  **(print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **(Signature of Responsible Party)** |
| **OCO Executive Director Approval\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |