Virginia Department of
Health Professions
Board of Funeral Directors and Embalmers

9960 Mayland Drive, Suite 300
Henrico, Virginia 23233
www.dhp.virginia.gov/funeral

(804) 367-4479 (Tel)
(804) 939-5973 (Fax)
Email:
fanbd@dhp.virginia.gov

# CHECKLIST AND INSTRUCTIONS FOR SURFACE TRANSPORTATION & REMOVAL SERVICE REGISTRATION APPLICATION

**MISREPRESENTATION:** A person employed or operating a surface transportation and removal service shall not in any manner misrepresent himself to the public as being a licensed funeral director/funeral establishment, an official of any local jurisdiction, the Commonwealth, Federal, or any other governmental body. This shall include the name and title of the company or service, uniforms, equipment, vehicles, and any other instruments used or proffered by the services or its agents. The Board shall be the sole determinant of the appropriateness of the pertinent qualities of the service and staff in enforcing this regulation.

**SUBMIT THE FOLLOWING**:

☐ APPLICATION – This application will **NOT** be considered until all sections have been completed. You may need to submit supporting documentation regarding your responses to the licensure questions. Please refer to the application for more information.

☐ FEE –All fees are non-refundable. Make check or money order payable to the Treasurer of Virginia.

☐ OSHA-COMPLIANT TRAINING – Please submit a copy of all certification training certificates for Occupational Safety and Health Administration (OSHA) compliant training on universal precautions and bloodborne pathogens.

## GENERAL INFORMATION ABOUT THE APPLICATION PROCESS

1. Applications received without the required processing fee will be returned to the sender.
2. Once all documentation has been received, the licensing process may take up to **30 business days**. Board staff will contact you at the email address provided on your application with a status update.
3. Applications will remain on file with the Board for one year from the date of receipt. If, at the end of one (1) year, licensure/certification/registration is not issued, the applicant shall reapply in accordance with the requirements of the Regulations.

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# SURFACE TRANSPORTATION & REMOVAL SERVICE REGISTRATION APPLICATION

**MARK ONLY ONE BOX:**

☐ Initial Registration Application for Surface Transportation & Removal Services **$325**
☐ Change of Manager Application **$100**
☐ Change of Ownership Application **$100**
☐ Change of Address **No Fee Required**

**INFORMATION**

| | | | |
|---|---|---|---|
| OWNER'S FULL NAME | | | |
| NAME OF SURFACE TRANSPORTATION & REMOVAL SERVICE | | | |
| MAILING ADDRESS | CITY | STATE | ZIP CODE |
| LOCATION ADDRESS | CITY | STATE | ZIP CODE |
| TELEPHONE NUMBER | EMAIL ADDRESS | | |

**MANAGER OF RECORD INFORMATION**

| | | |
|---|---|---|
| MANAGER'S FIRST NAME | MANAGER'S MIDDLE NAME | MANAGER'S LAST NAME |
| MANAGER'S DRIVERS LICENSE NUMBER | MANAGER'S PHONE NUMBER | |
| MANAGER'S E-MAIL ADDRESS | | |

***APPLICANTS DO NOT USE SPACES BELOW THIS LINE – FOR OFFICE USE ONLY***

APPROVED BY _____

| | | | |
|---|---|---|---|
| LICENSE NUMBER | PENDING NUMBER | BASE STATE | RECEIPT NUMBER |

**OSHA TRAINING (To be answered by the Owner – new applications and changes of ownership)** **YES** **NO**

1. Have you and all individuals employed by you completed the training in universal precautions and bloodborne pathogens that complies with Occupational Safety and Health Administration (OSHA) standards?

   If yes, please indicate the name of the individual(s): (use additional paper, if needed) ☐ ☐

   Name _____

   Name _____

   Name _____

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**COMMISSIONER OF HEALTH PERMIT (To be answered by the Owner – new applications and changes of ownership)** **YES** **NO**

1. Is this company also an emergency medical services agency?

   If yes, pursuant to §54.1-2819 (as listed below), please attach a copy of your permit issued by the Commissioner of Health.

   § 54.1-2819. Registration of surface transportation and removal services. ☐ ☐
   Any person or private business, except a common carrier engaged in interstate commerce, the Commonwealth and its agencies, or an emergency medical services agency holding a permit issued by the Commissioner of Health pursuant to § 32.1-111.6, shall apply for and receive a registration as a transportation and removal service in order to be authorized to engage in the business of surface transportation or removal of dead human bodies in the Commonwealth.

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**LICENSURE QUESTIONS (To be answered by the Manager of Record)**

Any supporting documentation related to the questions below should be submitted to:
Virginia Board of Funeral Directors and Embalmers
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233

**YES** **NO**

1. Have you ever been denied a registration, permit, or license issued by the Board of Funeral Directors and Embalmers? ☐ ☐

   If yes, submit notices, orders, etc. from the regulatory authority authorized to take such actions.

2. Have you ever been convicted of a violation of /or pled Nolo Contendere to any federal, state or local statute, regulation, or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor? Including convictions for driving under the influence; excluding traffic violations.

   Attach your original criminal history record, a certified copy of any final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree, or case decision, and any other information you wish to be considered with your application (i.e. information on the status of incarceration, parole, or probation, reference letters documentation of rehabilitation, etc.). ☐ ☐

3. Are you the manager of another Surface Transportation and Removal Service?

If yes, please list the name and registration number: ☐ ☐

Name: _____
Registration Number: _____

| **ADDITIONAL LICENSURE QUESTIONS (To be answered by the Manager of Record)** | **YES** | **NO** |
|---|---|---|
| A. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner? Please provide a full explanation on a separate page. | ☐ | ☐ |
| (A.2) Within the past five years, have you sought or been directed to seek treatment for your conduct or behavior? | ☐ | ☐ |
| B. Within the past five years, have you been disciplined by any entity? Please provide a full explanation and any associated orders or letters from the entity. | ☐ | ☐ |
| (B.2) Within the past five years, have you sought or been directed to seek treatment for your conduct or behavior? | ☐ | ☐ |
| C. Do you currently have any physical condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a surface transportation and removal service provider. If yes, please provide a full explanation. (NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.) | ☐ | ☐ |
| Do you currently have any mental health condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a surface transportation and removal service provider. If yes, please provide a full explanation. (NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.) | ☐ | ☐ |
| Do you currently have any condition or impairment related to alcohol or other substance use that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a surface transportation and removal service provider. If yes, please provide a full explanation. (NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may provide this documentation with your application, or have it mailed directly to the Board.) | ☐ | ☐ |

| | YES | NO |
|---|---|---|
| D. Within the past 5 years, have any conditions or restrictions been imposed upon you or your practice to avoid disciplinary action by any entity?<br><br>If yes, please provide a full explanation and any associated orders or letters from the entity. (NOTE: The Board may request a copy of a current participation contract and summary of compliance and/or documentation of successful completion. You may consider providing this documentation with your application, or have the program send this documentation directly to the Board.) | ☐ | ☐ |

**LICENSURE QUESTIONS (To be answered by the Owner)**

Any supporting documentation related to the questions below should be submitted to:
Virginia Board of Funeral Directors and Embalmers
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233

| | YES | NO |
|---|---|---|
| 4. Have you ever been denied a registration, permit, or license issued by the Board of Funeral Directors and Embalmers?<br><br>If yes, submit notices, orders, etc. from the regulatory authority authorized to take such actions. | ☐ | ☐ |
| 5. Have you ever been convicted of a violation of /or pled Nolo Contendere to any federal, state or local statute, regulation, or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor? Including convictions for driving under the influence; excluding traffic violations.<br><br>Attach your original criminal history record, a certified copy of any final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree, or case decision, and any other information you wish to be considered with your application (i.e. information on the status of incarceration, parole, or probation, reference letters documentation of rehabilitation, etc.). | ☐ | ☐ |
| 6. Are you the owner of another Surface Transportation and Removal Service?<br><br>If yes, please list the name and the registration number:<br><br>Name: _____<br>Registration Number: _____ | ☐ | ☐ |

**AGREEMENT OF MANAGER OF RECORD**

I agree to serve as the Manager of Record at the establishment named herein and assume the duties and responsibilities incumbent to the role as specified in the Regulations of the Virginia Board of Funeral Directors and Embalmers. By signing my name below, I acknowledge that I have read and understand the responsibilities of the Manager of Record and agree to perform those duties.

_____ _____
Signature of Manager of Record Date

**AFFIDAVIT OF OWNER**

I certify that I have carefully read the laws and regulations related to the Virginia Board of Funeral Directors and Embalmers, which are available at http://www.dhp.virginia.gov/funeral and I fully understand that funds submitted as part of the application process shall not be refunded.

I certify by my signature below: I am the person applying for licensure/certification/registration and meet the qualifications required by Virginia law and regulations. Further, I certify the information provided on this application has been personally provided and reviewed by me, and that statements made on the application are true and complete. I understanding that providing false or misleading information, as well as omitting information, in response to information required in this application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing license/certificate/registration.

I understand that a registered surface transportation and removal service can only transport dead human bodies at the direction of a funeral service licensee employed by a licensed funeral establishment.

I understand that a registered surface transportation and removal service cannot make any funeral service arrangements, to include arrangements for storage, refrigeration, and/or cremation of dead human bodies.

I understand that a registered surface transportation and removal service cannot store or refrigerate any dead human bodies.

I understand that a registered surface transportation and removal service cannot provide or sell any funeral related goods and services.

I agree to the above certification.

_____ _____

Signature of Owner Date