



Request for Reinspection due to Structural Change to Preparation Room

**Reinspection fee is \$400.00 check or money order made payable to the Treasurer of Virginia
ALL FEES ARE NON-REFUNDABLE**

1. INFORMATION (PLEASE PRINT OR TYPE) ANTICIPATED DATE OF COMPLETION:

ESTABLISHMENT/BRANCH NAME		LICENSE #:	
MAILING ADDRESS: STREET	CITY	STATE	ZIP CODE
LOCATION ADDRESS: STREET	CITY	STATE	ZIP CODE
MANAGER OF RECORD (FULL LEGAL NAME)	EMAIL ADDRESS	PHONE NUMBER	

2. AFFIDAVIT OF APPLICANT (OWNER)

I have read and understand the Virginia Board of Funeral Directors and Embalmers statutes and regulations and am aware that I am required to comply with any laws and regulations of the Board of Funeral Directors and Embalmers.

I hereby give permission to the Virginia Board of Funeral Directors and Embalmers to secure additional information concerning me or any statement in this application from any person or any source the Board may desire. I further agree to submit to questioning by the Board or any Agent thereof, and to substantiate my statement(s) if desired by the Board.

I shall present any credentials or documents required or requested by the Board.

I, _____, the applicant herein, depose and say that all facts, statements, and answers contained in this application are true and correct; I am not omitting any information which might be of value to this Board in determining my qualifications and character, whether it is called for or not; and I agree that any falsification, omission, or withholding of information or facts concerning my qualification as an applicant shall be sufficient grounds for the suspension, cancellation, or revocation of my Virginia Board of Funeral Directors and Embalmers license even though it is not discovered until after issuance.

Applicant's Signature

Date

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

APPROVED BY

LICENSE NUMBER	PENDING NUMBER	RECEIPT NUMBER	FEE
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