

Vermont Secretary of State
Office of Professional Regulation
89 Main St., 3rd Floor
Montpelier VT 05620-3402



Funeral Service
Danielle Rubalcaba
(802) 828-1501
www.vtprofessionals.org
danielle.rubalcaba@sec.state.vt.

APPLICATION FOR CREMATORY PERSONNEL LICENSURE

INSTRUCTION TO APPLICANTS

A. LICENSE BY EXAMINATION: Applicants must submit the following:

1. Complete Application
2. Application Fee of \$85.00 Non-Refundable Processing Fee
(Checks made payable to the Vermont Secretary of State)

B. LICENSE BY ENDORSEMENT: Applicants must submit the following:

1. Complete Application
2. Application Fee of \$85.00 Non-Refundable Processing Fee
(Checks made payable to the Vermont Secretary of State)
3. Completed "Verification of Licensure and Good Standing".
*In Good Standing means the applicant has no record of disciplinary actions on file with other jurisdictions/states.

NOTE: Any change of address or other contract information, by an applicant or licensee, must be forwarded to this office no later than thirty (30) days after change occurs.

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**BOARD OF FUNERAL SERVICE
 CREMATORY PERSONNEL REGISTRATION**

Applying on the basis of: _____ Crematory Personnel Registration

First Name (Legal name no nicknames)		MI	Last Name & Title (Jr., Sr., II, III, etc.)	
Mailing Address		P.O. Box		
		Street/Apt #		
		City/State/Zip		
		Country		
Home Phone:	() -	Cell Phone:	() -	
Work Phone:	() -	E-Mail:		

Social Security #		
Date of Birth		
Gender (Circle One)	Female	Male

BUSINESS LOCATION

Name of Establishment		License #	
Funeral Director's Operator Name		License #	
City/State/Zip			
Telephone #			

Vermont Mandatory “Good Standing” Declarations

Section B: Vermont Mandatory “Good Standing” Declarations

CHILD SUPPORT:

Child Support Orders, 15 V.S.A. § 795(b): “Good standing” for child support is defined by 15 V.S.A. § 795(d). **You must check the appropriate box. As of the date of this application:**

<input type="checkbox"/>	I am not subject to a child support order.
<input type="checkbox"/>	I am subject to a child support order and I am in “good standing” or in full compliance with a plan to pay any and all child support.
<input type="checkbox"/>	I am subject to a child support order and I am NOT in “good standing” or in full compliance with a plan to pay any and all child support. Please contact the Office of Child Support at (802) 241-2319. OCS must report your compliance to this office before you may be issued a license.

TAXES:

Taxes Due to the State of Vermont, 32 V.S.A. § 3113(b): “Good Standing” for taxes due is defined by 32 V.S.A. § 3113(g). **You must check the appropriate box. As of the date of this application:**

<input type="checkbox"/>	I am in “good standing” with respect to, or in full compliance with a plan to pay any and all taxes due to the Vermont Department of Taxes.
<input type="checkbox"/>	I am NOT in “good standing”* with respect to or in full compliance with a plan to pay any and all taxes due to the Vermont Department of Taxes. Please contact the Vermont Department of Taxes at (802) 828-2515 for more information. The Tax Department must report your compliance to this office before you may be issued a license.

DISTRICT COURT FINES/JUDICIAL BUREAU:

Court judgments for fines or penalties, 4 V.S.A. § 1110(b): “Good standing” for court judgments is defined by 4 V.S.A. § 1110(c). **You must check the appropriate box. As of the date of this application:**

<input type="checkbox"/>	I have no unpaid judgments issued by the judicial bureau or criminal division of the superior court for fines or penalties for a violation or criminal offense.
<input type="checkbox"/>	I am in “good standing” with respect to any unpaid judgment issued by the judicial bureau or criminal division of the superior court for fines or penalties for a violation or criminal offense.
<input type="checkbox"/>	I am NOT in “good standing” with respect to any unpaid judgment issued by the judicial bureau or criminal division of the superior court for fines or penalties for a violation or criminal offense. You must provide this office documentation of compliance before you may be issued a license.

RESTITUTION ORDERS:

Unpaid Judgments, 13 V.S.A. § 7043a: “Good standing” for restitution orders is defined by 13 V.S.A. § 7043a(c). **You must check the appropriate box. As of the date of this application:**

<input type="checkbox"/>	I have no restitution order.
<input type="checkbox"/>	I am in “good standing” with respect to any restitution order.
<input type="checkbox"/>	I am NOT in “good standing” with respect to any restitution order. You must provide this office documentation of compliance before you may be issued a license.

Vermont Mandatory Credential and Fitness Questions

Circle **Yes** or **No** for each of these questions. If the answer is **Yes**, follow the instructions provided.

Has Vermont or any other state, federal authority, or other jurisdiction (US or elsewhere) denied an application by you for a license, certificate, or registration to practice a profession or occupation? <i>If "Yes," you must attach a copy of the order or official notification of the action(s).</i>	Yes	No
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Has Vermont or any other state, federal authority, or other jurisdiction (US or elsewhere) taken any disciplinary action (restricted, suspended, revocation or conditioned) against a license, certificate, or registration that you hold or held in any profession or occupation? <i>If "Yes," you must provide a copy of the order or official notification of the action.</i>	Yes	No
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Have you ever surrendered a license, certificate or registration to a licensing authority in Vermont or any other state, federal authority or other jurisdiction (US or elsewhere)? <i>If "Yes," you must provide a detailed written explanation and copies of any applicable documentation.</i>	Yes	No
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Are you currently under investigation by a licensing authority in Vermont or any other state, federal authority or other jurisdiction (US or elsewhere)? <i>If "Yes," you must provide a detailed written explanation and a copy of any available information from the licensing authority.</i>	Yes	No
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Have you EVER been convicted of a crime other than a minor traffic violation? (Driving While Intoxicated and Driving Under the Influence are not "minor traffic violations.") <i>If "Yes," you must provide a detailed written explanation and attach the official court documents (i.e., affidavit of probable cause, the information and/or the docket report.)</i>	Yes	No
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Do you have any criminal charges pending against you in any jurisdiction (US or elsewhere)? <i>If "Yes," you must provide a detailed written explanation and attach a copy of the charging documents.</i>	Yes	No
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Note: Vermont law requires that you report to the Office of Professional Regulation a felony conviction or any conviction of a crime related to the practice of your profession within 30 days. 3 V.S.A. § 129a(a)(11).

The answers to the following questions are not subject to public disclosure:

Do you have a physical or mental condition or disorder which in any way impairs or limits your ability to practice this profession with reasonable skill and safety? <i>If "Yes," you must have your health care provider submit a detailed statement explaining how you are able to practice safely.</i>	Yes	No
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Does your use of alcohol, substances, or prescription medications impair or limit your ability to practice this profession with reasonable skill and safety? <i>If "Yes," you must provide a detailed written explanation.</i>	Yes	No
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Are you currently addicted to or in any way dependent on alcohol or habit forming drugs? <i>If "Yes," you must provide a detailed written explanation.</i>	Yes	No
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STATEMENT OF APPLICANT

I certify, under the pains and penalties of perjury, that all information I have provided in this application is true and accurate. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application or further disciplinary action. The maximum penalty for perjury is fifteen years in prison and/or a \$10,000 fine. (13 V.S.A. §2901)

Signature of Applicant	Date

NOTE: Applications must be received by this office within 30 days of date of signature and all applications received after this date will be returned.

STATEMENT OF SUPERVISOR

I hereby certify that everything stated by the above named removal personnel in this application is true and accurate to the best of my knowledge. I further certify that I shall be responsible for the activities performed by the above named individual.

Signature of Supervisor	Date