Montana Department of LABOR & INDUSTRY

Montana Board of Funeral Service

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CHANGE OF CREMATORY OPERATOR-IN-CHARGE – PREVIOUS CREMATORY OPERATOR-IN-CHARGE CHANGE FORM

Instructions

In order to operate, a crematory must have a designated crematory operator-in-charge who is licensed in Montana (ARM 24.147.1101(1)(b), 37-19-702(3), MCA). The board must be notified within ten days of any change in the designated crematory operator-in-charge by both the crematory and the previous crematory operator-in-charge per ARM 24.147.409.

This form must be submitted by the crematory operator who is no longer designated as the operator-in-charge.

Section 1 – Owner and Facility Information

1. Owner Name(s):_____
2. Business Name:_____
3. Crematory DBA:_____
   If different than business name
4. Business Physical Address: _____
5. Business Address:_____
   Mailing address, if different than physical address
6. Business Email Address: _____
7. Telephone: _____ _____
   Business Cell
8. Crematory License Number:_____

Section 2 – Previous Cremator Operator-in-Charge Information

9. Previous Crematory Operator-in-Charge Name:_____
10. Previous Crematory Operator-in-Charge License Number:_____
11. Effective Date of Change of Crematory Operator-in-Charge:_____
    i.e. date licensee ceased to be the designated crematory operator-in-charge

Section 4 – Declaration

I, the crematory operator as described in Section 2, attest I am no longer designated as the crematory operator-in-charge of this crematory as of the effective date stated in Section 2.

_____ _____
Legal Signature of Previous Crematory Operator-in-Charge Date