



**Disciplinary Questions**

**Please read carefully and answer questions completely and truthfully. It may affect your licensure.**

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| 1.  | Has this business or the person in charge of this business who is listed on the application ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source.   | Yes | No |
| 2.  | Has this business or the person in charge of this business who is listed on the application ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source.  | Yes | No |
| 3.  | Has the person in charge of this business who is listed on this application ever been denied the privilege of taking an examination required for any professional or occupational license? If yes, please attach a detailed explanation and provide supporting documentation from the source.  | Yes | No |
| 4.  | Has the person in charge of this business who is listed on this application ever withdrawn or been suspended, placed on probation, expelled or requested to resign from any postsecondary educational program? If yes, please attach a detailed explanation and provide supporting documentation from the source.  | Yes | No |
| 5.  | Has the person in charge of this business who is listed on this application ever requested temporary or permanent leave of absence, been placed on probation, restricted, suspended, revoked, allowed to resign, or otherwise acted against by any professional or occupational education program (i.e., residency, internship, apprenticeship, etc)? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 6.  | Has a licensing agency initiated or completed disciplinary action against this business or the person in charge of this business who is listed on this application? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source.   | Yes | No |
| 7.  | Has this business or the person in charge of this business who is listed on this application voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupational license in anticipation of or during an investigation or disciplinary proceeding or action? If yes, please attach a detailed explanation and provide supporting documentation from the source.  | Yes | No |
| 8.  | Has a complaint ever been made against this business or person in charge of this business who is listed on this application with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source.   | Yes | No |
| 9.  | Has this business or the person in charge of this business who is listed on this application ever been censured, expelled, denied membership or asked to resign from a professional organization related to the profession or occupation? If yes, please attach a detailed explanation and provide documentation from the source.  | Yes | No |
| 10. | Does this business or the person in charge of this business who is listed on this application have any initiated or completed action against you by any state, federal, tribal, or foreign licensing jurisdiction? (For example: Drug Enforcement Agency; Alcohol, Tobacco and Firearms; Homeland Security;  | Yes | No |

Indian Health Service, etc) If yes, please attach a detailed explanation and provide documentation from the source.

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| 11. | Have any civil legal proceedings been filed against this business or the person in charge of this business who is listed on this application by a (patient/client), (former patient/client) or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition.  | Yes | No |
| 12. | Does this business or the person in charge of this business who is listed on the application ever been convicted of a misdemeanor or felony crime or have a pending criminal charge? "Convicted" for the purposes of this question includes a conviction under appeal, guilty plea, no contest plea, and/or forfeiture of bond. "A pending criminal charge" for the purposes of this question includes a deferred imposition of sentence and/or deferred prosecution. If answered yes, a detailed explanation must be submitted on the events AND the charging documents and final judgments or orders of dismissal. You must report but may omit documentation for: (1) misdemeanor traffic violations older than 10 years ago and that resulted in fines of less than \$200; and (2) convictions prior to your 18th birthday unless you were tried as an adult. | Yes | No |
| 13. | Has the person in charge of this business who is listed on this application ever been diagnosed with chemical dependency or another addiction, or participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source.  | Yes | No |
| 14. | Has the person in charge of this business who is listed on this application ever been diagnosed with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation.   | Yes | No |
| 15. | Has the person in charge of this business who is listed on this application ever been court-martialled or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation from the source.  | Yes | No |
| 16. | Has this business or the person in charge of this business who is listed on this application ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding hospital, facility or staff privileges; health maintenance organization participation, third party provider or Medicare/Medicaid participation; or any other privileges?   | Yes | No |

### **DECLARATION**

I authorize the release of information concerning the record, character, license history and competence of this funeral business, by anyone who might possess such information, to the Montana Board of Funeral Service.

I hereby declare under penalty of perjury the information included in this application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of this application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the licensing laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for this application.

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Legal Signature of Business Agent

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Date

**TEMPORARY PERMIT APPLICATION – CREMATORY****Instructions**

This section is to be completed and signed by the applicant. A temporary permit for purposes of an initial inspection per [ARM 24.147.1102\(2\)](#) will not be issued until this form has been signed and submitted along with the rest of the application documents and forms. Once a temporary permit has been issued the crematory may operate prior to the initial inspection.

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I am applying for a temporary permit.

**\*Note: A crematory cannot operate until a temporary permit has been issued.**

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Legal Signature of Applicant/Owner

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Date

**OWNER INFORMATION AND DESIGNATION OF CREMATORY OPERATOR-IN-CHARGE – CREMATORY**

**Instructions**

This section is to be completed and signed by both the owner of the crematory and the person designated as the crematory operator-in-charge.

**Section 1 – Owner Information**

1. List all owners of the crematory. If the business is owned by a corporation, list all the officers.

Legal Name	Primary Phone Number	Social Security Number	MT License Number(s) *if applicable

**Section 2 – Designate Crematory Operator-in-Charge**

\*In order to operate, a crematory must have a designated crematory operator-in-charge who is licensed in Montana.\*

7. Crematory Operator-in-Charge Full Name: \_\_\_\_\_  
First
Middle
Last

8. Montana Crematory Operator License Number: \_\_\_\_\_

**Section 3 – Declaration**

I, the owner of this crematory designate the licensee in Section 2 as the crematory operator-in-charge of this crematory.

\_\_\_\_\_  
 Legal Signature of Applicant/Owner Date

I, an actively licensed crematory operator in the State of Montana accept the designation as crematory operator-in-charge of this crematory.

\_\_\_\_\_  
 Legal Signature of Crematory Operator-in-Charge Date

## STRUCTURE AND EQUIPMENT – CREMATORY

### Instructions

This section is to be completed and signed by the applicant. Per [37-19-703, MCA](#), applicants must include a description of the type of structure and equipment to be used in the operation of the crematory.

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### Section 1 – Structure and Equipment Information

1. Cremation System Manufacturer: \_\_\_\_\_
2. Cremation System Name and Model: \_\_\_\_\_
3. Number of Retorts: \_\_\_\_\_
4. Number of Cremation Vaults: \_\_\_\_\_
5. Generally list and describe all other crematory equipment that will be used at your facility for the purposes of cremation:

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Legal Signature of Applicant/Owner

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Date

**NOTICE OF CHANGE OF OWNERSHIP – CREMATORY****Instructions**

This section is to be completed and signed by both the applicant and previous owner per the requirements in [ARM 24.147.1101\(2\)](#). This section is only for existing crematories with a change in ownership. Applicants for new crematories or transfers of existing crematories do not need complete this section.

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**Section 1 – Previous Owner Information**

1. Full Name(s) of Previous Owner: \_\_\_\_\_
2. Name of Crematory under Previous Owner: \_\_\_\_\_
3. Previous Crematory License Number: \_\_\_\_\_
4. Date Previous Owner Relinquishes Ownership of Crematory: \_\_\_\_\_  
 \*Note: When there is a change in ownership the existing license is void.

**Section 2 – Applicant Information**

5. Date Applicant Acquires Ownership of Crematory: \_\_\_\_\_  
 \*Note: When there is a change in ownership the existing license is void and a new license must be obtained

6. Notice of Change in Ownership in Newspaper

Name of Newspaper: \_\_\_\_\_

Dates of Publication: \_\_\_\_\_  
 (e.g. 8/1/17 through 8/7/17)

Notice of the change in ownership been published for a one-week period in newspaper of general circulation in the county in which the crematory is located per the requirements in [ARM 24.147.903\(2\)](#). Included is proof of publication.

**Section 3 – Declaration**

I, the previous owner of this crematory relinquish the license per [ARM 24.147.1102\(2\)](#) and as described in Section 1 of this form.

\_\_\_\_\_  
 Legal Signature of Previous Owner

\_\_\_\_\_  
 Date

I, the applicant and owner of this crematory have fulfilled the requirements as described in [ARM 24.147.1102\(2\)](#) and Section 2 of this form.

\_\_\_\_\_  
 Legal Signature of Applicant/Owner

\_\_\_\_\_  
 Date

**NOTICE OF CHANGE OF ADDRESS/RELOCATION – CREMATORY****Instructions**

This section must be completed and signed by the applicant. This section is only for an existing crematory that is closing a physical location and transferring that license to a different location per [ARM 24.147.1102\(2\)](#). Applicants for new crematories or crematories with a change in ownership do not need complete this section. Note: The new location will not be licensed to operate until a temporary license is issued so an initial inspection of the new location can be conducted.

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**Section 1 – Applicant Information**

1. Name(s) of Applicant: \_\_\_\_\_
2. Name of Crematory: \_\_\_\_\_
3. Crematory License Number to be Transferred: \_\_\_\_\_

**Section 2 – Information for Location that is being Closed**

7. Physical Address of Closing Location: \_\_\_\_\_
8. Date of Termination of Services at Closing Location: \_\_\_\_\_

**Section 3 – Information for New Location**

7. Physical Address of New Location: \_\_\_\_\_

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Legal Signature of Applicant/Owner

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Date