

MONTANA BOARD OF FUNERAL SERVICE
PO BOX 200513
301 S PARK, 4TH FLOOR
Helena, MT 59620-0512
Licensing Phone: 406-444-5711
Email: UnitB@mt.gov Website: www.funeral.mt.gov

CREMATORY APPLICATION

LICENSE REQUIREMENTS

- Applicants for a new crematory must meet the requirements in [ARM 24.147.1101](#) and [24.147.403](#).
- Applicants who have purchased an existing crematory or are transferring an existing license to a new location must meet the requirements in [ARM 24.147.1101](#), [24.147.403](#), and [24.147.903](#).
- Applicants must pass an inspection by a board-authorized inspector (see above rules and example of inspection form used by inspector for more information on inspection details).

APPLY FOR LICENSURE – CHECKLIST

Applicants for NEW Crematory

The following must accompany an application for licensure:

- \$575 application fee (\$375 application fee, \$200 inspection fee);
- owner information and designation of crematory operator-in-charge form (see form included with this application);
- description of facility and equipment (see form included with this application); and
- application for a temporary permit (see form included with this application). Issuance of the temporary permit will allow the facility operate per [ARM 24.147.1101\(2\)](#) and [24.147.403\(1\)](#).

The applicant must pass:

- inspection by board authorized inspector (see example of inspection criteria included with this application). The inspection will be conducted after a temporary license has been issued.

Applicants for an EXISTING Crematory with NEW OWNERSHIP

The following must accompany an application for licensure:

- \$575 application fee (\$375 application fee, \$200 inspection fee);
- owner information and designation of crematory operator-in-charge form (see form included with this application);
- notice of change in ownership form (see form included with this application);
- description of facility and equipment (see form included with this application); and
- application for a temporary permit (see form included with this application). Issuance of the temporary permit will allow the facility operate per [ARM 24.147.1101\(2\)](#) and [24.147.403\(1\)](#).

The applicant must pass:

- inspection by board authorized inspector (see example of inspection criteria included with this application). The inspection will be conducted after a temporary license has been issued.

Applicants for a TRANSFER OF EXISTING LICENSE (i.e. physical relocation)

The following must accompany an application for licensure:

- \$575 application fee (\$375 application fee, \$200 inspection fee);
- notice of change address/relocation form (see form included with this application);
- description of facility and equipment (see form included with this application); and
- application for a temporary permit (see form included with this application). Issuance of the temporary permit will allow the facility operate per [ARM 24.147.1101\(2\)](#) and [24.147.403\(1\)](#).

The applicant must pass:

- inspection by board authorized inspector (see example of inspection criteria included with this application). The inspection will be conducted after a temporary license has been issued.

APPLICATION AND PROCESSING PROCEDURES

- When the application file is complete, it will be processed and considered by board staff. The applicant will be notified of any deficient or missing items from the application file.
- Once a routine application is complete, the application takes up to 30 days to process. Once a routine application is processed and approved a license will be issued.

- If the application is considered non-routine there may be a delay in processing the application. Additional information may be requested from the applicant. If an application is considered non-routine it must be reviewed by the board at a board meeting.
- Applicants must keep the board office informed of any address changes, changes in license status and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.

For information with regard to the processing of this application or other concerns please contact board licensing staff at 406-444-5711 or email UnitB@mt.gov.

Applicants must be aware of the Montana laws and rules for funeral service, which can be found at www.funeral.mt.gov.

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CREMATORY APPLICATION

I am applying for licensure as:

new crematory – \$575

*\$575 includes \$375 application fee and \$200 inspection fee

existing crematory with change in ownership greater than 50% – \$575

*\$575 includes \$375 application fee and \$200 inspection fee

transfer of existing crematory license to a different location (i.e. close original location/relocate)

*\$575 includes \$375 application fee and \$200 inspection fee

1. TYPE OF BUSINESS ENTITY:

Sole Proprietorship

Professional Corporation

Partnership

Non-Professional Corporation

Limited Liability

Other: _____

2. DATE OF INCORPORATION: _____ DATE ESTABLISHED: _____

3. BUSINESS NAME: _____

4. LIST ANY DBA: _____

5. DBA REGISTERED

Yes

Active

No

Inactive

6. SPECIFIC DBA OF THIS FACILITY: _____

If different than business name

7. BUSINESS PHYSICAL ADDRESS: _____

Physical address of this particular facility—needed for inspections

8. BUSINESS ADDRESS (if different than physical address): _____

Mailing address, if different than physical address

9. BUSINESS EMAIL ADDRESS: _____

10. TELEPHONE: _____
 Business Home Cell

11. TAX ID NUMBER: _____

Disciplinary Questions

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

- | | | | |
|-----|--|-----|----|
| 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.

Legal Signature of Business Agent

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.

I am applying for a temporary permit.

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

Legal Signature of Applicant/Owner

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.

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:

Legal Signature of Applicant/Owner

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.

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.

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: _____

Legal Signature of Applicant/Owner

Date

EXAMPLE OF CREMATORY INSPECTION FORM FOR REFERENCE ONLY

APPLICANT DOES NOT FILL OUT THIS FORM – INSPECTION WILL BE CONDUCTED BY INSPECTOR AND RESULTS WILL BE FILED BY THE INSPECTOR

Check List Item	Status	Comments
Is the crematory "attached" to the mortuary or is it independent/freestanding? 37-19-702(2), MCA. (If attached, must have separate license but pay only one inspection fee.)		
If independent/freestanding facility, operator does not present, negotiate, or sell prearranged funeral or related services without involvement of mortician? 37-19-827, MCA		
Was the inspection announced? 37-19-403, MCA		
Listed d/b/a/ facility name is same used on signs and business documents?		
Business has not changed ownership type or owners and officers without notifying board office? 37-19-703(3), MCA)		
Listed crematory operator is the same who is presently in charge? 37-19-702(3), MCA		
Facility, operator, and technicians licenses are current and displayed? 37-19-702(1) & (3), MCA		
Does facility comply with building codes, environmental standards, & local regulations? 37-19-703(8), MCA		
Is fire emergency telephone number posted near all telephones? ARM 24.147.1101.		
Do current address, telephone number, and name of Board appear prominently on all contracts? 24.147.411 ARM.		
Do cremation authorization forms contain signature of authorizing agent and demonstrate involvement by mortician; verify identification of the deceased; and certify absence of hazardous implants? 37-19-704, MCA		
Do cremation authorizations contain <ul style="list-style-type: none"> • written authorization of AA, • identification of deceased, • identification and relationship of AA, • warranty on absence of hazardous implants, 		
Is there written evidence that the coroner authorized the cremation prior to the cremation? 46-4-122(3), 50-15-405, MCA; ARM 24.147.1101(10). Does not apply if death occurs outside of Montana.		
Cremation may not take place less than 24 hours after death. 37-19-705(2), MCA		
Records contain <ul style="list-style-type: none"> • name of deceased • place of death • date of interment • name and address of mortician 		
Crematory receives remains only in combustible container and does not remove remains from the container. 37-19-705(5); 37-19-101(13), MCA		
If NO refrigeration, body is cremated with 48 hours after death. 37-19-705(4) and 37-19-101(21), MCA		
If refrigeration provided, temp is 35 For colder and remains held for no longer than 5 days absent good cause. 37-19-705 (4) and 37-19-101(21), MCA		
Identification placed on exterior of container upon receipt of remains. 37-19-704(3). 24.147.1110 ARM.		

Tech performing cremation removes identification from cremation container prior to cremation, and returns identification with cremation remains in temporary container or urn. 37-19-705(8), (10), MCA.		
Signed statement from authorizing agent specifies ultimate disposition. 37-19-706(1), MCA. If no, proceed to next item.		
After 90 days without direction above, may dispose in any manner permitted by law; must maintain permanent record of disposition. 37-19-706(2), MCA.		
Crematory and authorized recipient shall both sign acknowledgment of delivery and receipt of delivery of cremated remains with name of deceased, date, time, and place of delivery. The crematory shall provide an original to the recipient and retain a copy. 37-19-706(5), MCA.		
Facility does not cremate fetuses or human body parts from private or public health agencies? ARM 24.147.1112.		
Simultaneous cremation only upon written authorization. 37-19-705(7), MCA.		
All residue must be collected and bone fragments processed to unidentifiable particles. 37-19-705(9), MCA		
Cremated remains not fitting in temporary container or urn must be returned to authorizing agent in separate additional container. 37-19-705(11), MCA.		
Temporary containers are sturdy and sealed to increase security and integrity of container, outside clearly identified with name of deceased. ARM 24.147.1111		
Number of metal identifying metal disc written plainly and permanently on outside of each receptacle containing human remains when remains delivered to cemetery. ARM 24.147.1110		
If remains scattered by licensee, identifying metal disc made part of licensee's permanent record. ARM 24.147.1110		
If shipping an urn or temporary container, must be packed securely in sturdy, pressure resistant, properly sealed container. 37-19-705(12), MCA.		
If remains shipped, must use shipping method with internal tracing system and require signed receipt upon delivery. 37-19-705(13), MCA.		
Has structure or equipment changed from that listed in application? Application must disclose type of structure and equipment. 37-19-703(1)(a), MCA?		
Holding area must preserve dignity of remains, and accessed only by authorized personnel. 37-19-705(4), MCA, ARM 24.147.1101.		
Unauthorized persons not allowed in retort area. 37-19-705(6), MCA.		
Facility and appliances used in cremation process are clean and disinfected. ARM 24.147.1101		
Floors and walls constructed of impervious material. ARM 24.147.1101.		
Used caskets and parts out of public view. ARM 24.147.1101.		
Additional Comments		