

BOARD OF THANATOPRACTICE

2550 Cerrillos Road(physical address)

P. O. Box 25101

Santa Fe, New Mexico 87504

(physical address zip code 87505)

(505) 476-4970

website: www.rld.state.nm.us/b&c/thanato

APPLICATION FOR LICENSURE ESTABLISHMENT/CREMATORY

FOR OFFICE USE ONLY

Fees Received Fees Paid Date Paid

Application \$ _____ / /

Initial License \$ _____ / /

Date Approved: _____ / /

License No.: _____

Date Application Received:

THIS APPLICATION MUST BE LEGIBLE, EITHER PRINTED IN BLACK INK OR TYPED AND ACCOMPANIED BY THE APPLICATION AND INITIAL LICENSURE FEES IN THE AMOUNT OF \$400.00.

IF THIS APPLICATION IS FOR A NEW ESTABLISHMENT/CREMATORY, A COPY OF THE THANATOPRACTICE RULES/PARTS AND ARTICLES: 32, THANATOPRACTICE ACT; 11, MEDICAL INVESTIGATIONS; 12, DISPOSITION OF DEAD BODIES; 12A, CREMATIONS; 13, BURIAL OF INDIGENTS; AND 14, VITAL STATISTICS ACCOMPANIES THIS APPLICATION. DO NOT DISCARD THESE DOCUMENTS YOU ARE RESPONSIBLE FOR COMPLYING WITH THE REQUIREMENTS OUTLINED IN THE RULES/PARTS & STATUTES.

SECTION A – OWNERSHIP INFORMATION

NAME OF ESTABLISHMENT/CREMATORY		LICENSE NO., If Applicable
(CURRENT) MAILING ADDRESS - No. & Street/P. O. Box		
(CURRENT) PHYSICAL ADDRESS - No. & Street/P. O. Box		
CITY	STATE	ZIP CODE
CONTACT PERSON	ESTABLISHMENT/CREMATORY PHONE () -	E-MAIL ADDRESS

TYPE OF ESTABLISHMENT/CREMATORY: <input type="checkbox"/> Funeral Establishment <input type="checkbox"/> Commercial Establishment <input type="checkbox"/> Direct Disposition Establishment <input type="checkbox"/> Crematory	TYPE OF OWNERSHIP: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
APPLICATION IS FOR: (Check applicable box(es)) <input type="checkbox"/> NEW ESTABLISHMENT/CREMATORY Complete ALL Sections Proposed Licensee in Charge: _____ (Not applicable for a Crematory) Date Establishment/Crematory will be ready for inspection: ____/____/____ <input type="checkbox"/> CHANGE OF LOCATION Complete Sections A, C and E Proposed Physical Address: _____ Proposed Mailing Address: _____ Date Establishment/Crematory will be ready for inspection: ____/____/____ <input type="checkbox"/> CHANGE OF NAME (Proposed Name cannot be advertised/displayed until a license is issued) Complete Sections A and E Proposed Name: _____ <input type="checkbox"/> INCORPORATION HAS CREATED A NEW ENTITY Complete Sections A, B, D and E <input type="checkbox"/> ORGANIZATION OF A PARTNERSHIP OR JOINT VENTURE HAS CREATED A NEW ENTITY Complete Sections A, B, D and E <input type="checkbox"/> CHANGE IN THE MEMBERS OF A PARTNERSHIP Complete Sections A, B, D and E <input type="checkbox"/> CHANGE OF OWNERSHIP OF THE MAJORITY OF THE STOCK OR OTHER CONTROLLING INTEREST (BY CONTRACT OR OTHERWISE) IN THE CORPORATION Complete Sections A, B, D and E <input type="checkbox"/> CORPORATION OR PARTNERSHIP HAS DISSOLVED Complete Sections A B, D and E <input type="checkbox"/> CHANGE IN FUNERAL SERVICE PRACTITIONER/DIRECT DISPOSER IN CHARGE OF THE ESTABLISHMENT (Not applicable for a Crematory) Complete Sections A and E <input type="checkbox"/> Proposed Licensee in Charge is currently in charge of other establishment(s) (attach list of the other establishment(s)) <input type="checkbox"/> Proposed Licensee in Charge is currently Supervising Licensee in Charge of Funeral Service Interns (attach a list of the Funeral Service Interns, and the name(s) of the FSP who will be supervising the Funeral Service Interns) Current Licensee in Charge: _____ License No. _____ Proposed Licensee in Charge: _____ License No. _____	

SECTION B – OWNERSHIP INFORMATION

Complete the applicable ownership section below, and by an attachment provide:

1. If a Corporation, a copy of the Certificate of Good Standing from Public Regulation Commission;
2. A description of the ability and experience of the owner(s) in the establishment/crematory business;
3. Any interest in another establishment/crematory;
4. Any convictions of a felony, misdemeanor or criminal offense, and any disciplinary proceedings by a licensing board or professional association, to which the owner(s) has been a party;
5. If a New Establishment:
 - (a) a statement from the Owner(s) acknowledging familiarity of the Prearranged Funeral Plans Act, and that the Owner(s) will comply with the requirements of the Prearranged Funeral Plans Act (59A-29-1 et seq.);
 - (b) a statement acknowledging familiarity of the Federal Trade Commission (FTC) Funeral Rule, and that the owner(s) will comply with the requirements of the Funeral Rule (Part 453 – Funeral Industry Practices Revised Rule);
6. If a Change of Ownership:
 - (a) a statement from the Seller(s) stating that all pre-need funeral plans are in compliance with the requirements of the Prearranged Funeral Plans Act (59A-29-1 et seq.);
 - (b) a statement from the Buyer(s) acknowledging familiarity of the Prearranged Funeral Plans Act, and that the Buyer(s) will comply with the requirements of the Prearranged Funeral Plans Act (59A-49-1 et seq.); and
 - (c) a statement from the Buyer(s) acknowledging familiarity of the Federal Trade Commission (FTC) Funeral Rule, and that the owner(s) will comply with the requirements of the Funeral Rule (Part 453 – Funeral Industry Practices Revised Rule).

SOLE PROPRIETORSHIP

NAME OF OWNER		BUSINESS PHONE - -	
OWNER'S MAILING ADDRESS	CITY	STATE	ZIP CODE -

PARTNERSHIP

NAME OF PRINCIPAL PARTNER		BUSINESS PHONE - -	
MAILING ADDRESS	CITY	STATE	ZIP CODE -

PARTNERS – list all partners (make a copy of this page if there are more than three partners)

NAME OF PARTNER1		PERCENTAGE OWNED %	
MAILING ADDRESS	CITY	STATE	ZIP CODE -
NAME OF PARTNER2		PERCENTAGE OWNED %	
MAILING ADDRESS	CITY	STATE	ZIP CODE -

CORPORATION

NAME OF CORPORATION		BUSINESS PHONE - -	
MAILING ADDRESS	CITY	STATE	ZIP CODE -
NAME OF REGISTERED AGENT			
STREET ADDRESS (must be a New Mexico physical address)	CITY	STATE	ZIP CODE -

STOCKHOLDERS – list stockholders owning legally or beneficially fifty (50) percent or more of the stock of the corporation

NAME OF STOCKHOLDER1		PERCENTAGE OWNED %	
MAILING ADDRESS	CITY	STATE	ZIP CODE -
NAME OF STOCKHOLDER2		PERCENTAGE OWNED %	
MAILING ADDRESS	CITY	STATE	ZIP CODE -

OFFICERS – list the following officers:

NAME – PRESIDENT		BUSINESS PHONE - -	
MAILING ADDRESS	CITY	STATE	ZIP CODE -
NAME – VICE-PRESIDENT		BUSINESS PHONE - -	

MAILING ADDRESS	CITY	STATE	ZIP CODE -
-----------------	------	-------	---------------

SECTION C1 – FUNERAL ESTABLISHMENT MINIMUM REQUIREMENTS

Complete only if application for a Funeral Establishment. The following minimum requirements **must** be met before the Board may consider the application. All boxes must be checked confirming that the requirements have been met. By an attachment provide:

1. floor plan;
2. city or county permit; and
3. Contract/Agreement of regular removal of infectious waste by an authorized company.

BUILDING – In accordance with 16.64.4.8.A, B and C of the Board Rules the following requirements have been met:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | the building conforms with the requirements of the applicable State and local statutes, rules, ordinances and zoning provisions, is of good appearance and devoted primarily to the purpose for which it is to be licensed |
| <input type="checkbox"/> | the site and any rooms or areas within the structure thereon, and the use thereof, conform to all applicable State and local statutes, rules, ordinances and zoning provisions, and is in clean condition and in good repair |
| <input type="checkbox"/> | there is identification visible from the street identifying the name of the establishment as it is to be licensed (name cannot be advertised/displayed until a license is issued) |

CHAPEL – In accordance with 16.64.4.9.A(1) of the Board's Rules the following requirements have been met:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | is a minimum of six hundred (600) square feet (inside-wall-to-inside-wall) in size |
| <input type="checkbox"/> | Is entirely and completely separate from the Preparation/Embalming Room and Casket Display Room, except for entrances/exits having doors |
| <input type="checkbox"/> | room is to be used only for public gathering for rites and ceremonies |
| <input type="checkbox"/> | is equipped with good ventilation |
| <input type="checkbox"/> | has capacity for seating a minimum of sixty (60) persons |
| <input type="checkbox"/> | has a designated space for the proper display of a casket or urn |

CASKET DISPLAY ROOM – In accordance with 16.64.4.9.A(2) of the Board's Rules the following requirements have been met:

- | | | | | | |
|--------------------------|---|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | is a minimum of four hundred fifty (450) square feet (inside-wall-to-inside-wall) in size | | | | |
| <input type="checkbox"/> | room is used only for the display of funeral merchandise | | | | |
| <input type="checkbox"/> | <table border="1"> <tr> <td><input type="checkbox"/></td> <td>a minimum of twelve (12) adult burial caskets in a range of models and prices are displayed, OR</td> </tr> <tr> <td><input type="checkbox"/></td> <td>a minimum of twelve (12) modular caskets in a range of models and prices are displayed, AND A minimum of twelve (12) adult burial caskets in a range of models and prices are available and warehoused within 50 miles of the establishment</td> </tr> </table> | <input type="checkbox"/> | a minimum of twelve (12) adult burial caskets in a range of models and prices are displayed, OR | <input type="checkbox"/> | a minimum of twelve (12) modular caskets in a range of models and prices are displayed, AND A minimum of twelve (12) adult burial caskets in a range of models and prices are available and warehoused within 50 miles of the establishment |
| <input type="checkbox"/> | a minimum of twelve (12) adult burial caskets in a range of models and prices are displayed, OR | | | | |
| <input type="checkbox"/> | a minimum of twelve (12) modular caskets in a range of models and prices are displayed, AND A minimum of twelve (12) adult burial caskets in a range of models and prices are available and warehoused within 50 miles of the establishment | | | | |
| <input type="checkbox"/> | prices are clearly marked and match the general (casket) price list | | | | |
| <input type="checkbox"/> | models are clearly marked | | | | |
| <input type="checkbox"/> | room is adequately illuminated | | | | |

PREPARATION/EMBALMING ROOM – In accordance with 16.64.4.9.A(3) of the Board's Rules the following have been met:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | is a minimum of one hundred fifty (150) square feet (inside-wall-to-inside-wall) in size |
| <input type="checkbox"/> | is entirely enclosed by flooring, walls and ceiling, except for proper ventilation and entrances/exits having doors |
| <input type="checkbox"/> | doors are closed at all times with a sign which states "employees only" or other similar sign |
| <input type="checkbox"/> | room is used only for preparation of dead human bodies |
| <input type="checkbox"/> | is free of blood or other matter on floors, counters, equipment, etc. |
| <input type="checkbox"/> | is clean and in sanitary condition |

Equipped with:

- | | | | | | |
|--------------------------|---|--------------------------|--|--------------------------|--------------------------------|
| <input type="checkbox"/> | <table border="1"> <tr> <td><input type="checkbox"/></td> <td>refrigeration unit thermodynamically controlled and temperature measures 40 degrees, OR</td> </tr> <tr> <td><input type="checkbox"/></td> <td>there is no refrigeration unit</td> </tr> </table> | <input type="checkbox"/> | refrigeration unit thermodynamically controlled and temperature measures 40 degrees, OR | <input type="checkbox"/> | there is no refrigeration unit |
| <input type="checkbox"/> | refrigeration unit thermodynamically controlled and temperature measures 40 degrees, OR | | | | |
| <input type="checkbox"/> | there is no refrigeration unit | | | | |
| <input type="checkbox"/> | sanitary flooring of tile or other suitable hard, impervious surface | | | | |
| <input type="checkbox"/> | necessary drainage (floor) (necessary = as required by OSHA) | | | | |
| <input type="checkbox"/> | necessary ventilation (necessary = as required by OSHA) | | | | |
| <input type="checkbox"/> | drainage for embalming purposes | | | | |
| <input type="checkbox"/> | sink for washing equipment with running hot and cold water | | | | |
| <input type="checkbox"/> | stained sheets/garments receptacle labeled "infectious waste" (as required by OSHA) | | | | |
| <input type="checkbox"/> | infectious waste receptacle labeled "infectious waste" (as required by OSHA) | | | | |
| <input type="checkbox"/> | sharps container (as required by OSHA) | | | | |
| <input type="checkbox"/> | heavy duty rubber gloves (embalming gloves) | | | | |
| <input type="checkbox"/> | protective gear – smock or gown, face shield, head and shoe covers | | | | |
| <input type="checkbox"/> | necessary lighting (necessary = as required by OSHA) | | | | |
| <input type="checkbox"/> | embalming machine (in good working condition) | | | | |
| <input type="checkbox"/> | embalming table | | | | |
| <input type="checkbox"/> | aspirator | | | | |
| <input type="checkbox"/> | drain tubes (metal or rubber) or Spring forceps | | | | |
| <input type="checkbox"/> | arterial tubes | | | | |
| <input type="checkbox"/> | aneurysm needles | | | | |
| <input type="checkbox"/> | scalpel and sufficient blades | | | | |
| <input type="checkbox"/> | trocar with hose | | | | |
| <input type="checkbox"/> | cavity fluid injector | | | | |
| <input type="checkbox"/> | autopsy aspirator | | | | |
| <input type="checkbox"/> | sufficient torcar buttons and an applicator (sufficient = at least six (6)) | | | | |

Complete only if application for a Funeral Establishment. The following minimum requirements **must** be met before the Board may consider the application. All boxes must be checked confirming that the requirements have been met. By an attachment provide:

1. floor plan;
2. city or county permit; and
3. Contract/Agreement of regular removal of infectious waste by an authorized company.

<input type="checkbox"/>	array of embalming scissors
<input type="checkbox"/>	Suture needles and sufficient suture thread (sufficient = at least one-half (1/2) spool)
<input type="checkbox"/>	razor and sufficient blades
<input type="checkbox"/>	sealing powder
<input type="checkbox"/>	hardening compound
<input type="checkbox"/>	massage cream
<input type="checkbox"/>	sufficient cosmetics

SECTION C2 – COMMERCIAL ESTABLISHMENT MINIMUM REQUIREMENTS

Complete only if application for a Commercial Establishment. The following minimum requirements **must** be met before the Board may consider the application. All boxes must be checked confirming that the requirements have been met. By an attachment provide:

1. floor plan;
2. city or county permit; and
3. Contract/Agreement of regular removal of infectious waste by an authorized company.

BUILDING – In accordance with 16.64.4.8.A, B and C of the Board Rules the following requirements have been met:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | the building conforms with the requirements of the applicable State and local statutes, rules, ordinances and zoning provisions, is of good appearance and devoted primarily to the purpose for which it is to be licensed |
| <input type="checkbox"/> | the site and any rooms or areas within the structure thereon, and the use thereof, conform to all applicable State and local statutes, rules, ordinances and zoning provisions, and is in clean condition and in good repair |
| <input type="checkbox"/> | there is identification visible from the street identifying the name of the establishment as it is to be licensed (<i>name cannot be advertised/displayed until a license is issued</i>) |

OFFICE – In accordance with 16.64.4.9.B of the Board Rules the following requirements have been met:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | is entirely enclosed by flooring, walls and ceiling, except for proper ventilation and entrances/exits having doors |
| <input type="checkbox"/> | is totally separate from the Preparation/Embalming Room, except for entrances/exits having doors |

PREPARATION/EMBALMING ROOM – In accordance with 16.64.4.9.A(3) of the Board's Rules the following have been met:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | is a minimum of one hundred fifty (150) square feet (inside-wall-to-inside-wall) in size |
| <input type="checkbox"/> | is entirely enclosed by flooring, walls and ceiling, except for proper ventilation and entrances/exits having doors |
| <input type="checkbox"/> | doors are closed at all times with a sign which states "employees only" or other similar sign |
| <input type="checkbox"/> | room is used only for preparation of dead human bodies |
| <input type="checkbox"/> | is free of blood or other matter on floors, counters, equipment, etc. |
| <input type="checkbox"/> | is clean and in sanitary condition |

Equipped with:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> refrigeration unit thermodynamically controlled and temperature measures 40 degrees, OR |
| <input type="checkbox"/> | <input type="checkbox"/> there is no refrigeration unit |
| <input type="checkbox"/> | sanitary flooring of tile or other suitable hard, impervious surface |
| <input type="checkbox"/> | necessary drainage (floor) (necessary = as required by OSHA) |
| <input type="checkbox"/> | necessary ventilation (necessary = as required by OSHA) |
| <input type="checkbox"/> | drainage for embalming purposes |
| <input type="checkbox"/> | sink for washing equipment with running hot and cold water |
| <input type="checkbox"/> | stained sheets/garments receptacle labeled "infectious waste" (as required by OSHA) |
| <input type="checkbox"/> | infectious waste receptacle labeled "infectious waste" (as required by OSHA) |
| <input type="checkbox"/> | Sharps container (as required by OSHA) |
| <input type="checkbox"/> | heavy duty rubber gloves (embalming gloves) |
| <input type="checkbox"/> | protective gear – smock or gown, face shield, head and shoe covers |
| <input type="checkbox"/> | necessary lighting (necessary = as required by OSHA) |
| <input type="checkbox"/> | embalming machine (in good working condition) |
| <input type="checkbox"/> | embalming table |
| <input type="checkbox"/> | Aspirator |
| <input type="checkbox"/> | drain tubes (metal or rubber) or Spring forceps |
| <input type="checkbox"/> | arterial tubes |
| <input type="checkbox"/> | aneurysm needles |
| <input type="checkbox"/> | scalpel and sufficient blades |
| <input type="checkbox"/> | trocator with hose |
| <input type="checkbox"/> | cavity fluid injector |
| <input type="checkbox"/> | autopsy aspirator |
| <input type="checkbox"/> | sufficient trocar buttons and an applicator (sufficient = at least six (6)) |
| <input type="checkbox"/> | array of embalming scissors |
| <input type="checkbox"/> | Suture needles and sufficient suture thread (sufficient = at least one-half (1/2) spool) |
| <input type="checkbox"/> | razor and sufficient blades |
| <input type="checkbox"/> | sealing powder |
| <input type="checkbox"/> | hardening compound |
| <input type="checkbox"/> | massage cream |
| <input type="checkbox"/> | sufficient cosmetics |

SECTION C3 – DIRECT DISPOSITION ESTABLISHMENT MINIMUM REQUIREMENTS

Complete only if application for a Direct Disposition Establishment. The following minimum requirements **must** be met before the Board may consider the application. All boxes must be checked confirming that the requirements have been met. By an attachment provide:

1. floor plan;
2. city or county permit; and
3. Contract/Agreement of regular removal of infectious waste by an authorized company.

BUILDING – In accordance with 16.64.4.8.A, B and C of the Board Rules the following requirements have been met:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | the building conforms with the requirements of the applicable State and local statutes, rules, ordinances and zoning provisions, is of good appearance and devoted primarily to the purpose for which it is to be licensed |
| <input type="checkbox"/> | the site and any rooms or areas within the structure thereon, and the use thereof, conform to all applicable State and local statutes, rules, ordinances and zoning provisions, and is in clean condition and in good repair |
| <input type="checkbox"/> | there is identification visible from the street identifying the name of the establishment as it is to be licensed (name cannot be advertised/displayed until a license is issued) |

OFFICE – In accordance with 16.64.4.9.C(2) of the Board Rules the following requirements have been met:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | is entirely enclosed by flooring, walls and ceiling, except for proper ventilation and entrances/exits having doors |
| <input type="checkbox"/> | is totally separate from the Room for Sheltering Dead Human Bodies, except for entrances/exits having doors |

CASKET DISPLAY ROOM – In accordance with 16.64.4.9.A(2) of the Board's Rules the following requirements have been met:

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | burial caskets will not be offered or sold (skip the rest of the Casket Display Room checklist and continue with Room for Sheltering Dead Human Bodies), OR |
| | <input type="checkbox"/> | burial caskets will be offered or sold |
| <input type="checkbox"/> | | is a minimum of four hundred fifty (450) square feet (inside-wall-to-inside-wall) in size |
| <input type="checkbox"/> | | room is used only for the display of funeral merchandise |
| <input type="checkbox"/> | <input type="checkbox"/> | a minimum of twelve (12) adult burial caskets in a range of models and prices are displayed, OR |
| | <input type="checkbox"/> | a minimum of twelve (12) modular caskets in a range of models and prices are displayed, AND A minimum of twelve (12) adult burial caskets in a range of models and prices are available and warehoused within 50 miles of the establishment |
| <input type="checkbox"/> | | prices are clearly marked and match the general (casket) price list |
| <input type="checkbox"/> | | models are clearly marked |
| <input type="checkbox"/> | | room is adequately illuminated |

ROOM FOR SHELTERING DEAD HUMAN BODIES – In accordance with 16.64.4.9.C(1) of the Board's Rules the following have been met:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | is entirely enclosed by flooring, walls and ceiling, except for proper ventilation and entrances/exits having doors |
| <input type="checkbox"/> | doors are closed at all times with a sign which states "employees only" or other similar sign |
| <input type="checkbox"/> | room is used only for sheltering dead human bodies |
| <input type="checkbox"/> | is free of blood or other matter on floors, counters, equipment, etc. |
| <input type="checkbox"/> | is clean and in sanitary condition |

Equipped with:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | refrigeration unit thermodynamically controlled with a minimum storage area of twelve and one-half (12.5) cubic feet per body and temperature measures 40 degrees (in good working condition) |
| <input type="checkbox"/> | sanitary flooring of tile or other suitable hard, impervious surface |
| <input type="checkbox"/> | necessary drainage (floor) (necessary = as required by OSHA) |
| <input type="checkbox"/> | necessary ventilation (necessary = as required by OSHA) |
| <input type="checkbox"/> | sink for washing equipment with running hot and cold water |
| <input type="checkbox"/> | stained sheets/garments receptacle labeled "infectious waste" (as required by OSHA) |
| <input type="checkbox"/> | infectious waste receptacle labeled "infectious waste" (as required by OSHA) |
| <input type="checkbox"/> | sharps container (as required by OSHA) |
| <input type="checkbox"/> | heavy duty rubber gloves (embalming gloves) |
| <input type="checkbox"/> | protective gear – smock or gown, face shield, head and shoe covers |
| <input type="checkbox"/> | necessary lighting (necessary = as required by OSHA) |
| <input type="checkbox"/> | VEHICLE – equipped with enclosed vehicle with cot for transportation of dead human bodies for final disposition |

SECTION C4 – CREMATORY MINIMUM REQUIREMENTS

Complete only if application is for a Crematory. The following minimum requirements **must** be met before the Board may consider the application. All boxes must be checked confirming that the requirements have been met. By an attachment provide:

1. floor plan; and
2. city or county permit

BUILDING – In accordance with 16.64.4.8.A, B and 16.64.10 of the Board Rules the following requirements have been met:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | the building conforms with the requirements of the applicable State and local statutes, rules, ordinances and zoning provisions, is of good appearance and devoted primarily to the purpose for which it is to be licensed |
| <input type="checkbox"/> | the site and any rooms or areas within the structure thereon, and the use thereof, conform to all applicable State and local statutes, rules, ordinances and zoning provisions, and is in clean condition and in good repair |

ROOM FOR CREMATING DEAD HUMAN BODIES – In accordance with 16.64.10 of the Board's Rules the following have been met:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | is entirely enclosed by flooring, walls and ceiling, except for proper ventilation and entrances/exits having doors |
| <input type="checkbox"/> | doors are closed at all times with a sign which states "employees only" or other similar sign |
| <input type="checkbox"/> | retort is used only for cremating dead human bodies |
| <input type="checkbox"/> | is free of blood or other matter on floors, counters, equipment, etc. |
| <input type="checkbox"/> | is clean and in sanitary condition |

Equipped with:

- | | | |
|--------------------------|--|--|
| <input type="checkbox"/> | <input type="checkbox"/> | refrigeration unit thermodynamically controlled and temperature measures 40 degrees, OR |
| | <input type="checkbox"/> | there is no refrigeration unit |
| <input type="checkbox"/> | sanitary flooring of tile or other suitable hard, impervious surface | |
| <input type="checkbox"/> | necessary ventilation (necessary = as required by OSHA) | |
| <input type="checkbox"/> | necessary lighting (necessary = as required by OSHA) | |
| <input type="checkbox"/> | cremation retort (in good working condition) | |
| <input type="checkbox"/> | cremation container | |
| <input type="checkbox"/> | cremains container of adequate size | |

SECTION D – THE FOLLOWING QUESTIONS MUST BE ANSWERED

- (1) Has any person holding any ownership or controlling interest in this establishment/crematory or any officer ever been issued a license to operate an establishment/crematory in any state, country or territory? (If Yes, answer (a) below.) Yes No

- (a) Location: _____ Entity: _____ When: _____ Status: _____
 Location: _____ Entity: _____ When: _____ Status: _____
 Location: _____ Entity: _____ When: _____ Status: _____
- (2) Has any person holding any ownership or controlling interest in this establishment/crematory or any officer owned or operated an establishment/crematory that closed or ceased operation? (If Yes, answer (a) through (d) below.) Yes No

- (a) Was any person holding any ownership or controlling interest in this establishment/crematory or any officer subject to a pending disciplinary action, limitation, fine or other penalty at the time of closing? Yes No
 Yes No
- (b) Did the establishment/crematory owe funeral plan funds at the time of closing? (If Yes, (b)(1) through (b)(3) cannot have an "NA" answer).....
- (1) Were the funeral plans transferred to another establishment? (If Yes, provide the name of the establishment: _____, and date transferred: _____ (If No, provide by separate cover an explanation of the process utilized and supporting documentation) Yes No NA
 Yes No NA
- (2) Is this matter still pending? (If Yes, provide by separate cover the current status) Yes No NA
- (3) Were the depositors of the funeral plans notified of the impending establishment closure and the status of their funeral plans? (If Yes, provide a copy of the notification)..... Yes No
- (3) Has any person holding an ownership or controlling interest in this establishment/crematory or any officer ever been denied a license or permission to operate an establishment/crematory in any state, country or territory? Yes No

- (4) Has any person holding an ownership or controlling interest in this establishment/crematory or any officer been convicted of any offense punishable by incarceration in a state penitentiary or federal prison? Yes No

- (5) Has any person holding an ownership or controlling interest in this establishment/crematory or any officer had any disciplinary action involving the operation, management, or practice of funeral, direct disposition or cremation? Yes No

- (6) Has any person holding an ownership or controlling interest in this establishment/crematory or any officer ever been involved in any civil litigation involving the operation, management, or practice of funeral, direct disposition or cremation? Yes No

- (7) Is any person holding an ownership or controlling interest in this establishment/crematory or any officer currently more than thirty (30) days in arrears in payment of amounts required to be paid pursuant a judgment and order for support entered by a district court or a tribal court in a case brought by the human services department? Yes No

FOR ANY "YES" ANSWER TO QUESTIONS (2) THROUGH (7), PROVIDE DETAILS INCLUDING THE OUTCOME ON A SEPARATE COVER, AND ATTACH SUPPORTING DOCUMENTATION INCLUDING, BUT NOT LIMITED TO:

- (1) Certified copies of the legal documents, certified by the Clerk entering the conviction;
- (2) Character reference letters from family, friends, colleagues, employer, etc., to include their addresses and phone numbers, which must be originals addressed to the Board and which must be dated within one (1) month from the date this application is signed and submitted to the Board;
- (3) If you are still on probation, a letter from your Probation Officer outlining the status, which must be original and addressed to the Board and which must be dated within one (1) month from the date this application is signed and submitted to the Board;
- (4) For #7, a certified statement from HSD stating that you are in compliance with the judgment and order for support; and
- (5) Any other documentation regarding the matter.

For a conviction involving drugs, as a condition for licensure, you acknowledge that when this application is signed and submitted to the Board you authorize the Board to require drug testing to be conducted, at your expense, and to have the results forwarded directly to the Board.

A "Yes" answer does not necessarily disqualify an applicant from licensure, however the Board may require additional information and/or clarification, therefore it is important that you provide complete and succinct information. Each case is considered on its own merit.

SECTION E1 – APPLICANT’S ATTESTATION

I/we acknowledge receiving and reading the Rules/Parts & Statute presently administered by the New Mexico Board of Thanatopractice and represent and agree that should I/we be granted the license applied for I/we will at all times obey the Rules/Parts & Statute.

I/we also acknowledge as a new applicant that I/we received a copy of Articles 11, 12, 12A, 13 and 14.

Under penalties of perjury, I/we declare and affirm that the statements made in the forgoing application, including notarized documentation, are true, complete and correct. I/we understand that any false or misleading information in, or in connection with, the application may be cause for denial or loss of licensure.

SOL PROPRIETORSHIP: (Sign before Notary Public) Sol Proprietor: _____	Date: __/__/__
PARTNERSHIP: (Sign before Notary Public) Partner1: _____ Partner2: _____ (make a copy of this page if there are more than three partners)	Date: __/__/__ Date: __/__/__
CORPORATION: (Sign before Notary Public) Corporate Officer or Corporate Director: _____	Date: __/__/__

State of: _____
County of: _____

Before me on this _____ day of _____, 20____, personally appeared the above named applicant who being by me duly sworn upon oath says that all the acts, statements and answers contained in this application are true and correct.

Notary: _____
Expiration Date: _____
(SEAL)

SECTION E2 – FUNERAL SERVICE PRACTITIONER’S OR DIRECT DISPOSER’S ATTESTATION

(If the application is for a change in the Funeral Service Practitioner or Direct Disposer in Charge, then the Proposed Licensee is Charge must complete this section, otherwise the Current Licensee in Charge must complete this section) **(Sign before Notary Public)**

Signature of Funeral Service Practitioner or Direct Disposer: _____	Date: __/__/__
---	----------------

State of: _____
County of: _____

Before me on this _____ day of _____, 20____, personally appeared the above named licensee who being by me duly sworn upon oath says that all the acts, statements and answers contained in this application are true and correct.

Notary: _____
Expiration Date: _____
(SEAL)

The Establishment/Crematory must be ready for inspection no later than 30 days after receiving notification from the Board Office that it has determined that the application is complete and that the minimum requirements have been met (with the exception of passage of inspection) and that the application has been accepted.

The application review process averages approximately two (2) weeks. Therefore, if you do not receive a status letter after two (2) weeks please contact the Board Office.

All requested information is essential and must be provided. Failure to present a completed application by omitting information sought or having less than a full and complete disclosure, will result in delay or cause return of the application. The board shall neither approve nor deny an application until it is received in proper form, contains the information required by law and as requested by this form. The responsibility for completing the application is solely that of the applicant. The burden of proof in satisfying the Board that you are entitled to a license is upon you. **THE BOARD DOES NOT HAVE THE AUTHORITY TO GRANT A WAIVER OF ANY REQUIREMENT.**

IF THIS APPLICATION IS INCOMPLETE UPON ONE (1) YEAR OF RECEIPT, THE APPLICATION AND SUPPORTING DOCUMENTATION WILL BECOME NULL AND VOID AND THE FEES WILL BE FORFIETED.